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Table Of Contents:

Being Mindful of Mindfulness	Dr. James Close	Webster University, Thailand	6
Buddhist Spiritual Counseling: a healing journey from suffering	Dr. Jennifer Yim S.W.	The University of Hong Kong, China	13
Caring experience, revaluing, and spiritual transformation: an analysis of Henri Nouwen's experience in L'Arche	I-Wei Huang	National Chengchi University, Taiwan	14
Encompassing Cultures: Transpersonal Psychology	Dr. Richa Chopra	Sri Sri University, India	15
Healing Transgenerational Trauma Through Energy Medicine	Dr. Anthony Rhodes	Webster University, Thailand	23
Mindfulness and well-being in a Filipino college sample	Karina Therese Galang Fernandez	Ateneo de Manila University, Philippines	38
	Reginald Paul R. Centeno		
	Maria Cristina F. Samaco-Zamora		
Narcissism & Kohuts Self Psychology: Self Practices in service of self-transcendence	Noelene Rose	RMIT, Australia	50
Possible Therapeutic Benefit of Spiritual Images	Buddhaporn Srisupawat	Webster University, Thailand	51
	Amoneeta Beckstein		
Product endorse associated with brand preference of Filipino Millennials	Angel Khay Pesebre	Medici di Makati College, Philippines	57
	Marinie Saban		
Spiritual Health – New Paradigms in Our Understanding of Spirituality and Health	Dr. Mahesh Prasad Bhatt	DEVISA (VIBHA Chapter Uttarakhand), India	81
Spiritual Mind Treatment, Spiritual Healing, and Scalar Wave Energy; Insufficient Cellular Energy & Alternative Cellular Energy Pathways	Ayin Adams	University of Metaphysics, University of Sedona, USA	87
	Ciaara Carlsen	Metaphysical Practitioner, Counselor, Spiritual Director, USA	
The Comparison of Maslow's Hierarchy of Needs with the Theory of Spiritual Needs from Islam's View	Dr. Mohammad Mahdi Safouraei Parizi	Al-Mustafa International University, Iran	88
	Dr. Mohammad Sadigh Shoja'ee		
The Impact of Reiki Treatments (Hands-on Energetic Healing) in Reducing Stress and Improving the Well-being & Quality of life of Young people	Bhavna Khemlani	Thailand	102

The quality of life for the children on Sebatik island, Sabah, Malaysia	Chua Bee Seok	Universiti Malaysia Sabah, Malaysia	181
	Getrude Cosmas		
Use of Falun Gong to Address Traumatic Stress Among Marginalized Clients	Margaret Trey	Independent Consultant, USA	186
	Cirecie West-Olatunji	Xavier University of Louisiana, USA	

Index Of Authors:

Adams, Ayin	87
Beckstein, Amoneeta	51
Bhatt, Dr. Mahesh Prasad	81
Carlsen, Ciaara	87
Centeno, Reginald Paul R.	38
Chopra, Dr. Richa	15
Cirecie West-Olatunji	186
Close, Dr. James	6
Cosmas, Getrude	181
Fernandez, Karina Therese Galang	38
Huang, I-Wei	14
Khemlani, Bhavna	102
Parizi, Dr. Mohammad Mahdi Safouraei	88
Pesebre, Angel Khay	57
Rhodes, Dr. Anthony	23
Rose, Noelene	50
S.W., Dr. Jennifer Yim	13
Saban, Marinie	57
Samaco-Zamora, Maria Cristina F.	38
Seok, Chua Bee	181
Shoja'ee, Dr. Mohammad Sadigh	88
Srisupawat, Buddhaporn	51
Trey, Margaret	186

Being Mindful of Mindfulness

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Abstract

Mindfulness and mindfulness-based interventions (MBIs) have become a source of great interest in psychology and medicine. While MBIs have been widely heralded as effective treatments for a range of psychological and physical conditions, research is still in its infancy. Associated with this comes a range of issues that have yet to be adequately addressed. As such, proponents and practitioners of mindfulness need to be mindful of not overstating its claims, benefits, and importance, and they must be realistic about what mindfulness-based practices can achieve. Moreover, proponents and practitioners of mindfulness should note that adopting a mindfulness-based philosophy toward life may not always be the best way forward, particularly when faced with challenging life conditions.

Keywords: *Mindfulness; mindfulness-based interventions; MBIs; mindfulness-based stress reduction; MBSR; mindfulness-based cognitive therapy; MBCT; emotion regulation*

The explosion of interest in mindfulness within Western psychology and medicine has seen research into mindfulness-based interventions (MBIs) grow rapidly over the past decade or so. Indeed, the effectiveness of MBIs has been investigated in diverse fields such as sports science (e.g., Kee, 2019), cancer recovery (e.g., Carlson et al., 2013), sleep (e.g., Rusch et al., 2018), type 2 diabetes (e.g., Rosenszweig et al., 2007), heart disease (e.g., Sullivan et al., 2009), and the treatment of various psychological disorders in both non-clinical and clinical populations (see Eberth & Sedlmeier, 2012).

Generally, MBIs have been reported to have moderate, positive effects. It has been claimed, for instance, that mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1982) is effective in reducing stress (Khoury, Sharma, Rush, & Fournier, 2015) and blood pressure (Nyklíček, Mommersteeg, Van Beugen, Ramakers, & Van Boxtel, 2013). Furthermore, it has been claimed that mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002) is an effective treatment for depression (e.g., Hofmann, Sawyer, Witt, & Oh, 2010; Kuyken et al., 2016; Piet & Hougaard, 2011). However, issues surround the methodological rigor of mindfulness-based research, especially with regard to the absence of appropriate, active control conditions, and quality research for meta-analyses (Eberth & Sedlmeier, 2012; see also Davidson, 2010). Indeed, despite the hype that presently surrounds MBIs, it is noteworthy that other, more established psychological treatments – such as cognitive behavioral therapy (CBT) – have been found to be equally effective as MBIs (e.g., Goldberg et al. 2018), as, intriguingly, have certain active control conditions that emphasize exercise and movement, music therapy, and nutritional factors (e.g., Shallcross et al., 2015, 2018; cf. Goldberg et al., 2018). Based on these and other findings, the importance of the mindfulness component of MBSR relative to other, non-mindfulness factors has been questioned (see Eberth & Sedlmeier, 2012). Moreover, in contrast to established therapies, it is still largely unknown how MBIs will fair in real-world healthcare settings (Dimidjian & Segal, 2015; but see Tickell et al., 2019).

Another critical issue facing mindfulness concerns the challenge of operationalizing (see, e.g., Bishop et al., 2004; Coffey, Hartman, & Fredrickson, 2010; Dimidjian & Linehan, 2003) and measuring it in Western psychology and medicine (Grossman, 2011). For example, Grossman (2011) argues that many self-report scales that purport to measure mindfulness, such as the Mindfulness Attention and Awareness Scale (MAAS), poorly capture the key tenets of mindfulness's original, Buddhist construction, although MBIs are more closely allied with such a perspective, reflecting:

... a definition of mindfulness as deliberate, open-minded awareness of moment-to-moment perceptible experience that ordinarily requires gradual refinement by means of systematic practice; is characterized by a nondiscursive, nonanalytic investigation of ongoing experience; is fundamentally sustained by such attitudes as kindness, tolerance, patience, and courage; and is markedly different from everyday modes of awareness. (Grossman, 2011, p. 1035).

While MBIs may adhere more closely to a Buddhist perspective, until researchers are able to accurately measure mindfulness, they cannot determine if MBIs are, as they claim, enhancing “mindfulness” in participants, or some other, non-mindfulness quality / qualities (e.g., adventurousness, sociality, etc.). Furthermore, even if one accepts that MBIs do enhance mindfulness in participants, in the absence of a reliable measure of mindfulness, it is unknown if the different types of MBIs – e.g., MBSR and MBCT – are enhancing the same or different kinds of mindfulness. Unfortunately, due to the inherent complexity and overlap of mindfulness with other Buddhist concepts, isolating the unique features of mindfulness for

its operationalization and measurement in Western psychology and medicine is extremely challenging (Christopher, Christopher, & Charoensuk, 2009; Grossman, 2011). Moreover, even if a reliable measure of mindfulness is developed, as Grossman (2011) highlights, “Self-report of putative mindfulness, particularly with respect to groups undergoing MBI or other mindfulness practice experience, may also be importantly biased by respondents’ own desires for gains in performance after expending substantial time and effort in courses and home practice” (p. 1036).

Although the mechanisms through which mindfulness operates to influence an individual’s psychological distress remain opaque, three potential mechanisms were investigated by Coffey et al. (2010). These mechanisms included 1) increasing emotion regulation, thereby reducing the deleterious effects of negative affect; 2) decreasing the tendency to ruminate, thereby reducing negative, self-focused thoughts; and 3) increasing non-attachment to objects and / or outcomes that are believed to be needed to achieve happiness. Along with confirming that the three aforementioned mechanisms were important in supporting mental wellbeing, the construct of mindfulness was found to be complex: For example, focusing on one’s experience in the present moment was found to have the potential to either decrease or increase psychological distress, depending on whether this factor was associated with other constructs or not (Coffey et al., 2010). Overall, then, explaining how mindfulness supports better mental wellbeing involves the complex interplay of various constructs that mediate its direct effects (Coffey et al., 2010). Notably, Coffey et al. (2010; see also Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) confirmed previous findings that certain mindfulness constructs – in this case, present-centered attention and treating one’s experiences in a non-judgmental way – were likely unrelated, and therefore should be treated as distinct. These authors also highlighted that what is understood by mindfulness may differ depending on the type of mindfulness-based training received, since different features of mindfulness may be explored in the different types of training, further complicating its operationalization and measurement (Coffey et al., 2010; see also Davidson, 2010).

Indeed, in contrast to Buddhist perspectives that view mindfulness as a gradual process of development and refinement over many years of practice, MBIs are relatively short, typically lasting around 8 weeks. Given the aforementioned and the close connection between mindfulness and emotion regulation (Coffey et al., 2010), MBIs therefore need to be careful not to unwittingly engender a state of emotional ignorance in participants during the early stages of their mindfulness training; for, this may result in the simple suppression of negative emotions, which can damage mental and physical health (Ochsner & Gross, 2005; see also Gross, 2002; Gross & Muñoz, 1995; Jackson, Malmstadt, Larson, & Davidson, 2000). Moreover, while mindfulness teaches acceptance of experience and non-attachment to minimize blocked goals and subsequent rumination (Brown, Ryan, & Creswell, 2007; Coffey et al., 2010), its practitioners also need to be vigilant against developing a mindset whereby they completely disengage and detach (decenter) from emotions that are negative. Emotions, both positive *and* negative, are incredibly important, providing a vital source of impetus toward adaptive, goal-directed actions and behaviors (Nesse, 1990; Ochsner & Gross, 2005; Plutchik, 2001). In fact, strong attachments to impossible-sounding goals and ideals have provided the catalyst for some of society’s most profound, historical changes (e.g., the suffragette movement in Britain and the civil rights movement in the United States of America to name but a couple). While mindfulness may be a useful, everyday practice when faced with few serious life challenges, it may have limited utility when these kinds of challenges do exist.

Mindfulness offers a range of potential benefits to its practitioners, both in non-clinical and clinical settings. However, it is important that these benefits not be overstated in the hype that presently surrounds mindfulness, particularly given the difficulties that surround its operationalization and measurement, and the lack of well-controlled studies on the effectiveness of MBIs – although progress is definitely being made. With more research, hopefully the aforementioned issues will be addressed. Until such time, though, proponents of mindfulness need to bear in mind that mindfulness and MBIs are unlikely to be a panacea for all psychological dysfunction (Friedman, 2010). As a responsible research community, first, let us be mindful of what mindfulness and MBIs can realistically achieve, since the consequences of engaging in alternative practices in lieu of established, scientifically-validated Western practices can be grave (e.g., Johnson, Park, Gross, & Yu, 2018). Second, let us also be mindful of the fact that the Buddhist philosophies and ideals that are typically invoked in MBIs may be ill-suited for Western psychology and medicine (Friedman, 2010). Third, let us also be mindful of the potential for iatrogenic effects resulting from MBIs, and make sure that future research better acknowledges and assesses these (Friedman, 2010). Finally, proponents and practitioners of mindfulness should accept that there will be times when certain goals and ideals that sit in opposition to its philosophy, may represent the most effective state of being, especially when deep-rooted, social injustices are faced.

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Buddhist Spiritual Counseling: a healing journey from suffering

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Life is impermanent and full of uncertainty and suffering. How could we handle and alleviate suffering amidst of all the distresses, frustrations and pains, which are inevitable parts of human existence? The development of counselling psychology after World War II become important to the modern world when more people suffer from mental problems. With the growing acceptance of Buddhist counselling practices and more people are suffering from mental and psychological problems, many therapists wanted to explore how Buddha's teaching can be applied in counselling.

Inspired by the Buddhist wisdom and teaching. The TSM Spiritual Counselling Centre counsellors will integrate Buddhist teaching into counselling with the objectives to help people alleviate negative emotions, cultivate inner strengths, and to nurture equanimity by incorporating Buddhist wisdom and compassion into their daily living. The presentation will give an overview on the theoretical foundation of Buddhist Spiritual Counselling model and its application on how it inspired the service users to transform suffering and to attain happiness in life.

Caring experience, revaluing, and spiritual transformation: an analysis of Henri Nouwen's experience in L'Arche.

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Abstract

What is the connection between caring experience and spiritual development? Could the practice of charity be an effective way of spiritual cultivation? By looking into Father Henri Nouwen's experience in L'Arche, my paper, on the basis of his writings, presents a series of transformation resulting from caring disabled people and illustrates how moral practice contributes to the caregiver's spiritual maturity. First, I argue that moral experience is an important part of spiritual development. Encountering disabled people itself is a moral experience and taking care of heavily-disabled people can be compared to a value-conflicting setting that often triggers the caregiver to revalue his or her life priority. Second, I further argue that moral practice such as caring disabled people, is the outcome of revaluing and can unify the divided-self. These serial transformations enable the caregiver to change his or her appraisal of the disabled people and, as well, improve his or her spiritual maturity. Last, I point out that the moral experience could transform personal ego is composed of two interrelated parts: revaluing and moral practice. The former results in temporarily self-divided, and the later contributes to the unification. Therefore, a moral experience is similar to a conversion experience and leads to more acts of charity and self-transcendence.

Key Words: caring experience, moral experience, revaluing, conversion, spiritual transformation

Encompassing Cultures: Transpersonal Psychology

Universality of Human Consciousness

Dr. Richa Chopra, Ph.D (Psychology)

Chief Counsellor, Vivechana ~ The Counselling Space: Enriching Consciousness through
Vedic and Modern Psychology, Sri Sri University, Cuttack, Odisha (India)

Abstract

This case study is in reference to a series of structured spiritual interventions, carried out by me – on myself and over a wide range of cross cultural human behaviors, observed over a span of two decades. Having observed positive evidential results that supersede the stated norms of Psychotherapeutic Intervention being carried within cultural contexts; the findings have been encouraging enough to investigate further into the realms of The “Universality of Human Consciousness”. Transpersonal or Spiritual psychology examines man in his totality – as a complex system consisting of his soul, mind and body. An integrated approach to the study of man, through science and religion and the sacred doctrines along with the experiences and the discoveries – way beyond the mundane levels of the human mind - of advanced ascetics can also be the way to help identify lesser known factors that determine one’s mind and behavior. Rooted itself on the above philosophy, various Entry cum Advance levels of Life Skill Training Workshops (*under the aegis of The Art of Living*) structured as per its contents, delivery time and methodology are being conducted all-over the world by trained facilitators. The training modules includes Guided Meditations, Yoga Postures, Regulated Breathing Exercises, Introspection of one’s own Mind, Inter-Active processes, Discourses, Mantra Chanting, Engaging oneself in Community Services, Social Interactions etc. as well as certain Unique Specific Processes of its own. In my presentation, I intend to bring it to light a vast reservoir of case studies starting from my life to depictions from all over the world to demonstrate how spiritually-oriented interventions have helped people overcome their struggles in life. These case studies are from diverse domains ranging from relationships, substance abuse, psychological as well as pathological concerns. As such I would like to draw lessons from the emerging outcomes and put forth the co-relation of the specific intervention across each of the presented case study. And also share the limitations cum scope of greater scientific research in this domain.

Encompassing Cultures: Transpersonal Psychology

Universality of Human Consciousness

Dr. Richa Chopra, Ph.D (Psychology)

Spiritual Psychology from the Vedic Standpoint confines itself to the Human Mind “Grounded” in the Spirit. And in this very context, it may be seen that Patanjali’s Yog Sutras are purely psychological - the Mind being the central instrument. And it may be observed that the Physical, emotional, rational and the spiritual – i.e. the same psyche functions across all Human Beings. Therefore, it seems that the Psychological development, the psychological evolution, the psychic evolution etc. are all Universal phenomena cutting across all cultures. The Yoga Sutras delineate ways of culturing the mind through well-laid disciplines leading to states of inner stability, equanimity and strength. Carl Jung was of the view that holding on to something more firm, more steady like a spiritual thought would have enabled him create better avenues to help his patients having no ailments but a lack of direction.

Letting go my cross of Samskaras (Psychological Imprints): A Case Study of My Life

The Journal of Transpersonal Psychology has long been concerned with the publication of empirical papers through spiritual experiences, being values, transcendence of the self and the sacralization experiential, includes introspective reports of personal transformation that bring evidence supporting the legitimacy and cognitive content of transpersonal experience. This case study is a first-person account of the author’s life-changing introduction to phenomena of transpersonal psychology and her initiation into a life-long journey of exploration of those further reaches of human nature that form the basic, firm foundation of the field.

This biography is an honest account of my life. Me, a life energy, bundled perhaps amidst a zillion ‘samskaras’ (impressions), embedded and entangled amongst a myriad of mind and life situations.

Yet I have the fortune of taking a human form. Hopefully, at an opportune time, will finally be able to realize my way out from the repeated traps of birth and death.

This case study is an ode to the artistry of an enlightened master, walking the planet concurrent to this aggrieved soul. All I can say is: a new - moulting a stratum of psychological imprints, the seer in me is now a beautiful witness of its soul’s total dissociation with her bygones.

Initiation to spirituality

Born in a family where both my parents are very spiritually inclined, I was initiated at the young age of 17 years from the Rama Krishna Mission. Oblivious to the significance of a spiritual initiation, I would more or less follow the daily regime; not based on my inner understanding but more so, as a diligent daughter.

It was a common affair to have many monks from the order visiting our home round the year accruing the richness of knowledge. Even though my eyes and ears would ever see and hear the loftiest, nothing would pierce through the inert sheath of samskaras within me. There was neither any understanding of my seemingly real thoughts and feelings disjunct from my 'true self' nor perhaps my pseudo pain so much so to the extent that would want me to shrug off my sheath.

Life was more thorns than roses and as any ordinary mortal, I was vacillating sometimes between blaming others and more - often holding myself as no good. I was reacting to whatever was thrown at me! Life for me merely was just a feed from my five senses and the nourishment this feed would provide, building my inner world. Nothing beyond!

An illumined journey begins

It was in May 2001, when I first heard of Gurudev Sri Sri Ravi Shankar, a Spiritual Master, a Humanitarian and the Founder of "The Art of Living". It was the last day of The Art of Living Happiness Program (called the basic course then). I was choice-lessly pushed into it. This last day of the course felt very different from all the other days of my life. There was no correlation of 'this feeling' with any of my life's earlier events. Yet, it was a state I wanted to be in for the rest of my life.

Yet I was completely oblivious to the mystical ways of enlightened masters who pave forth a seeker's gateway, beholding and chiseling their samskaras. And more ignorant to the fact that deeper the spiritual scrape, it would call for a proportionate pain.

Not finding any solace in my world within or around, the only 'home' I naturally would snuggle into; would be the environs of positivity and peace that were being presented to me, through my regular engagement with the local humanitarian activities of the organization. In addition, association with beings, facilitating the 'Masters' Knowledge, time and again through higher level knowledge programs, Satsangs (*Singing in praise/remembrance of the Divine*) and so on also served as a soothing coolant.

My burgeoning Samskaras

I was a sincere volunteer and as any other mortal had varying inbuilt intensities of aspirations, desires, concepts, percepts, lacks, follies, talents, effrontery....

The gift of singing was natural to me since childhood but had been lying unmanifest amidst life's vicissitudes. With the beginning of an altogether new journey, at every opportunity, I would feverishly find my way to a satsang and sit through in an unanchored state until I eventually could get to sing - not so much for the Divine but more as a satisfaction of 'my ego' in a state of beggar-ship! This painful samskara continued to raise its hood, sneaking onto other situations for years ever after having become an Art of Living Teacher way back in 2003.

In 2004, having left a hi-end job, I relocated with my little daughter to The Art of Living International Center. I was prepared to face every kind of external hurdle. My yearning to be cocooned within the uplifting spiritual arena of the ashram was so intense.

I was young, attractive and already out of a marriage even before I realized what it meant to truly be wanted, loved and respected. I was being gifted with ideas cosmically that perhaps had no earlier precedence at the organizational level. Nothing but the picture of the final manifest was all that I would ever see. I was working a lot! My work, looks and a few little talents had started inviting appreciable attention. And it meant all the more to me when it came from the people whom I deeply idolized or was getting attached to. There were also times when I could not skillfully get my intent or thoughts across people with whom I had to work with - causing invisible and impenetrable walls of energies all around.

This is the point I was starting to struggle with the burgeoning of a few notable and deeply embedded impressions – seeking of love and approval, impatience, obsession, un-empathy and fear of letting go.

Unrealistic waves of expectations and imaginations would torment my mind. The mind would persistently cook and make ways for the ego to go on a trip of either holding someone a culprit or assuming the state of being victimized. And sometimes onto the mode of exorbitant material appeasement. It all differed with each association.

Hitting new lows

The other people, many a times, would either be oblivious to the entire happening within me or sometimes having to bear the brunt of my words and acts; taking our association to seemingly a point of no return. And this pattern would repeat often, to the extent that I had started anticipating the pain of this samskara even before it would next return.

I, until my early forties, could never see through the world, beyond the jurisdiction of my senses. I was disabled to penetrate into someone else's being or intent. Whatever I experienced through the limited sight and heard, was my only reality. I always believed in the transparency of 'my own self and that of others'. In this space of faith and zeal, once, through a new assignment that was given to me, I ran up the whole blue print of the road-map ahead with the higher ups. Only to find a few days later that it was executed without me anywhere in the picture.

Such incidences in other forms repeated many a times. What was stated would end up being something else. It took me quite a while to reconcile to the dualities of this world. To accept what seemed could perhaps be otherwise was not easy.

There were days I was so much consumed with all my mind-stuff that it would become difficult to even get out of my bed. I would just weep or be in the grip of fear and hurt. And any unpleasant act or word from the outer would sink my subtle life energy (*prana*) further rock bottom.

The ways of an Enlightened Master ~ Elements of grace

Once in such a pitiable state, I walked up to Gurudev seeking a life jacket to relieve me. Looking at me, he said, "Even donkeys can get enlightened after repeatedly being whipped, you are after all a human."

And there were occasions when Gurudev would call out my name amidst a crowd or stop by me, making a positive mention. And this would change the context of all that was going on in my mind.

Once it so happened that the mind being totally doomed in states of inertia, Gurudev took on to the extreme of not wanting to see me again - rebuking my irresponsible act of not applying the given knowledge.

Even after having an enlightened master, the mind sometimes foolishly takes us places that assures quick fix solutions. There was this healer who saw me and said that I was in a state of

victim consciousness. Innocently, I came back and shared it all with Gurudev. His immediate response was “I have given you the highest of being a teacher’s training teacher, you can never be in such a state.”

The ways of the master are beyond human comprehension. By my own standards or world percepts, wherever I was judged misfit against norms, values, skills – I exactly found myself being pushed into those unknown zones and figure my way out.

If I look back in retrospect, Gurudev in the most exalted ways, needling gently through the samskaras has pinned the soul to its state of self-effulgence.

Your best friends on your spiritual journey:

- Purushartha (self-effort)
- Swadhyaya (self-study)
- Satsanga (right company)
- Shradha (faith in the master and oneself)
- Krutagyata (gratitude)

Taking responsibility through *Purushartha*

Being on the path and constantly feeling that I was being whipped and whisked by the world around, somewhere feebly and innately also started to provoke a thought that it was not about the world but the way I was looking at it. And this needed serious spiritual intervention.

One Samskara that holds its grip strong is food. I was a hard core non-vegetarian and a junk eater. I did have cravings for non-vegetarian food even after having become a teacher. To work through my other excruciatingly painful samskaras, I consciously took to dropping my wrong food indulgences - using this as a lever to loosen the grip of my other samskaras. What we eat shapes our mind.

Way back early, almost from the time I stepped into the ashram, I had made a promise of plunging into 54 sets of sun salutations, every single day to challenge and shape up my samskara of commitment. It has continued each day, day after day even after 13 years!

Prayers are heard! Have prayed relentlessly not for the pursuit of any material or power but for seeding beautiful samskaras of unconditional love and expanse, purity of vision and peace within. The days my samskaras would defeat me, I would just surrender my state through sincere prayers to change my life state within. Prayers are now a part of my daily regime.

Swadhyaya (*self-study*) has been the constant guard of my mind. The seeking of re-establishing a beautiful world within happens with the practice of knowledge and the master's grace. The journey to undo one's tendencies, embedded through lifetimes can be changed. It may take a thousand failures yet it happens.

I have been extremely fortunate to have satsanga (*the company of the raised in knowledge*) all through with me who could skillfully insulate the outer world through knowledge and wade me out from the loops of my own mind-connecting me again and again back to my source.

Am blessed to have a living master- having pushed me in a real world, amidst situations that have been triggers for all my impressions to stand affront face to face. And has ever been illuminating the pathway, empowering me to navigate through the cross of my own samskara – remaining untouched.

The negative karmic chords created with associates on my life's journey are slowly being re-established.

I do not know what other samskaras yet lay dormant and which situations await to catalyze their manifestation. The path is as walking on a razor's edge. I have tested throwing myself in situations that may trigger old patterns and noting my world within. Yet as I pen this today, can dispassionately witness the gradual evolution of a spiritual aspirant, two decades after being with an enlightened master. More case studies will be presented through the ICSO 2019 proceedings.

In conclusion I would like to say that the primary criticism of transpersonal theory is that its methodology often delves into the highly abstract, the deeply spiritual, and what some might even consider the paranormal (a claim refuted by transpersonalists), making empirical study under controlled situations difficult at best (W. W. Adams, 1999). Secularists may perceive transpersonalism as unscientific nonsense, whereas Christian and other theistic writers may view its positions as the latest version of a spiritually misguided Gnosticism that they hoped had been vanquished centuries ago (G. Adams, 2002). In addition to these views, there has also been some debate as to the ethicality and effectiveness of transpersonal interventions with serious mental health issues, with some practitioners calling transpersonalism in counseling downright dangerous (Ellis, 1962). For these reasons, transpersonal theory has attracted debate from such famous theorists as Albert Ellis, who spoke out against transpersonalism with articles titled "Dangers of Transpersonal Psychology" (1989) and

"Fanaticism That May Lead to a Nuclear Holocaust" (1986) and held a spirited debate in the *Journal of Counseling & Development* in the late 1980s against Ken Wilber, who responded with a sarcastically titled article "Let's Nuke the Transpersonalists" (1989).

However, the limitations and criticisms of transpersonal theory have done little to halt its progress as a widely used counseling modality, however. The academic literature regarding transpersonal theory has continued to grow well into the 21st century and shows no signs of slowing down. Although followers of traditional theory may not be prepared to accept or understand some of the complicated spiritual tenets that lie at the core of transpersonal theory, more and more counselors and clients seeking counseling in a more deeply spiritual realm continue to be attracted to this burgeoning field.

Healing Transgenerational Trauma Through Energy Medicine

by

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Abstract

This paper examined the effects of Energy Medicine (EM) interventions within the context of defining and understanding transgenerational trauma. The psychophysiological and neurological outcomes of epigenetics in relationship to intergenerational and transgenerational trauma were discussed. EM was highlighted as a viable complement and/or alternative to traditional healthcare. This paper explained how epigenetics plays a vital role in understanding the biogenic process of transgenerational trauma and the potential for non-invasive healing through extremely low frequencies (ELF) of biofield propagations. EM treatments were used as an example of how practitioners can administer EM protocols that emit biofield energy and target neurologically embedded traumatic memories. EM treatments were explained as affecting cortical brain structures and the cerebral cortex to promote fear extinction and a reduction in trait stress, anxiety, and traumatic and painful memories.

Keywords: *Energy medicine, biofield, epigenetics, transgenerational trauma, energy blockages*

Introduction

The American Psychological Association (2013) defines trauma as an emotional response to a traumatic event. Work by trauma specialists Peter Levine (2006) and Anngwyn St. Just (2005), emphasizes the biological basis for trauma, and suggests that humans share similar responses to perceived threats that are common in animals and birds.

Recent findings suggest there are three responses to stress and trauma: fight, flight, or freeze (Levine, 2006; St. Just 2005). If a threat appears to be immobilizing, the usual fight or flight response is replaced by freezing (Levine, 2006; St. Just, 2005). When an animal or bird is awakening from such a frozen state, it rids its body of the threat by shaking or shivering. Levine (2006) suggests that humans tend to have forgotten how to re-set biologically, so that the frozen trauma gets stored in the body. It is this stored, frozen trauma that causes epigenetic changes that can be transmitted to subsequent generations.

Posttraumatic Stress Disorder (PTSD) is a mental health condition that is triggered by a terrifying event, or events, such as war, rape, terrorism (Yehuda, 2002). Soldiers are at risk for developing PTSD and often have difficulty fitting in upon their return from combat (Grieger et al., 2006). Symptoms of PTSD include flashbacks, nightmares, and severe anxiety, are often combined with uncontrollable thoughts about the event (Grieger et al., 2006). Physiologically, PTSD creates a specific phenotype, because of the individual's inability to contain the normal stress responses, due to the dysregulation of the HPA. The HPA axis acts reciprocally with the immune system in order to maintain homeostasis (Yehuda et al., 2014). The expression of genes in PTSD is very similar to gene expression in the immune response both to encode for endocrine, as well as neural pathways, resulting in DNA methylation (Yehuda et al., 2014) and epigenetic change that may propagate to future generations.

Epigenetics

Epigenetics is a sub-discipline of biology and genetics that studies differences in genomic expression that do not involve changes in the underlying DNA sequence, including mitotically or meiotically heritable changes (Jablonka & Raz, 2009). The word "epigenetics" is a combination of "epi" from the Greek meaning over, or above, and genetics, and is defined as the study of gene functions that do not involve changes in the DNA sequence (Wu & Morris, 2001).

Therefore, the epigenome consists of more than just the DNA that was passed down to us by our biological parents and allows for gene modifications to collect over a person's lifetime. One common method to change the level of gene expression is called methylation. At the microscopic level, DNA is wrapped around proteins called histones. Depending on how tightly or loosely our DNA is wrapped, certain genes can be active or inactive as well as change levels of expression throughout a lifetime. Furthermore, if our bodies are unable to control how tightly wound our DNA is to these histone proteins, this irregularity in expression regulation can potentially lead to some adverse health effects.

The environment influences how a gene is expressed, a process known as gene regulation (Farland, 2010), a process that plays an important role in development from conception, to the creation of a complex organism, or human being (Waddington, 1939). Waddington first used the word "epigenetics," which he referred to as the branch of biology that studies the interactions of the genes

with the environment, which creates a unique phenotype, the external manifestation of genetic activity (Waddington, 1939; Yehuda & Bierer, 2008).

The genome integrates signals from the environment that create phenotype differences through DNA methylation and histone modification. These epigenetic mechanisms play important roles in Development from conception to birth and throughout the life span.

Gene Regulation

Gene regulation responds quickly to the environment and determines how and when a gene is expressed and how the phenotype is altered. Gene regulation contributes to the aging process and determines if an individual will develop a disease and how long he or she will live. The regulation of genes responds to changes in the environment as well as influences from other cells and occurs at any point during gene expression, by activating transcription factors which are the proteins that bind to the regulatory system, regulating the location where DNA is transferred to mRNA.

Transcription

Transcription begins with a bundle of factors that collect at the start of a gene. These are the factors that activate proteins, the transcription factors that bind to the regulatory regions of the gene, the process that increases or decreases transcription (Struhl, 1998). The expansion of current research in epigenetics has increased understanding of the many molecular sequences and patterns that determine which genes are expressed or silenced, and demonstrates that the epigenome is as critical to the development of an individual as the underlying DNA (Struhl, 1998).

Changes in genomic expression are often heritable for as many as four generations, and perhaps more, but do not and cannot predict future outcomes. They are manifested in different ways that includes an increase in susceptibility to diseases, pathologies, or even behaviors (Jablonka & Raz, 2009). However, some epigenetic changes do not persist, and therefore cannot be transmitted transgenerationally (Jablonka & Raz, 2009).

DNA methylation

DNA methylation is the epigenetic mechanism that plays an important role in epigenetic modification and gene expression. During germ cell specification and maturation, epigenetic reprogramming takes place, and DNA methylation is profoundly remodeled and changed. DNA methylation creates a physical barrier to transcription-binding proteins that partially inhibits gene expression and reduces the production of mRNA (Razin, & Riggs, 1980). However, in some cases gene expression is completely inhibited.

Factors such as age, nutritional habits, psychological stress, physical activity, working habits and substance abuse can trigger changes in gene expression (Alegría-Torres, 2011). These changes in gene expression, epigenetics, happen all the time in the natural world. For example, two identical twins, born with the exact same DNA sequence may not express the same genes. One may develop an illness while the other does not. Even diseases that are highly heritable are not guaranteed to develop in both identical twins. If your identical twin has schizophrenia, you have a 53% chance of developing schizophrenia (Roth, Lubin, Sodhi, & Kleinman, 2009). But if you have the exact same DNA, and schizophrenia is genetically heritable, why do you not have 100% chance of developing the same disorder? Because epigenetic alterations depend largely on variations in exogenous stimuli such as trauma-induced affective states.

The science of epigenetics introduces a biological explanation for the transgenerational transmission of the traumas, experiences, and behaviors of the ancestors, and demonstrates that ancestral experiences can be passed epigenetically to their progeny. Research suggests that experiences of the ancestors can be inherited for up to four generations, and perhaps more, without any changes in the underlying DNA sequence (Jablonka & Raz, 2009).

Transgenerational Trauma

In a recent study, researchers showed how interpersonal early life stress can impact second and third generation offspring (Franklin et al., 2010). Researchers exposed mice offspring to early and unpredictable separation from their mother from day 1 to 14. The mother was subjected to stress and the offspring were physically restrained or placed in cold water. This kind of situation is classified as chronic and unpredictable stress.

The offspring displayed depressive symptoms, as was expected. However, the interesting result of this study was what occurred with the second and third generation offspring. The next generations were raised normally. However, the later generations also displayed abnormally high rates of depressive symptoms.

To factor out the effects of being cared for or being in a group with the first generation traumatized mice, the researchers inseminated the sperm of the past traumatized males into the eggs of non-traumatized mice. The results were the same, offspring raised normally with non-traumatized mothers still displayed abnormally high rates of depressive symptoms.

Research suggests that traumatic experience produces epigenetic changes that can be transmitted transgenerationally for as many as four generations, and perhaps even more (Jablonka & Raz, 2009; Szyf, 2010). It is well documented that the Holocaust left scars, both visible and invisible on survivors, as well as their progeny (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Szyf, 2010, 2011).

A large body of research indicated that the children of Holocaust survivors were impacted through epigenetic inheritance of the traumas experienced by their parents (Jablonka & Raz, 2009; Yehuda, 2006). Traumas suffered by survivors was evident in second and third generations with increased susceptibility to PTSD, anxiety, and depression (Yehuda et al., 2005). Los Angeles psychiatrist, Charles Portney reports that descendents of Holocaust survivors are more likely to develop PTSD than controls (Portney, 2003; Yehuda & Beier, 2008).

Research also indicates that the progeny of World War II veterans exhibited vulnerability to PTSD and other mental disorders for up to four generations (Yehuda et al., 2006). Veterans of the Vietnam War (O'Brian, 2008), and the Gulf War who suffered from PTSD exhibit epigenetic changes that were transmitted to their children and grandchildren, resulting in increased susceptibility to PTSD and other pathologies (Yehuda et al., 2006).

Survivors of the collapsed or damaged buildings as a result of the attacks on the World Trade Center on September 11, 2001, were among those who reported injuries, exposure to extreme air pollution, and traumatic events. Health outcomes were evaluated from interviews conducted from September 5, 2003, through November 20, 2004, by the World Trade Center Health Registry (Brackbill et al., 2006). The registry will continue to monitor the mental and physical health of the more than 70,000 individuals who enrolled between the above dates for a minimum of 20 years. The enrolled subjects

were limited to adult survivors of the collapsed buildings, excluding those who were involved in rescue and recovery operations.

More than half of the survivors of the collapsed or damaged buildings were caught in dust and debris clouds resulting from the collapse of the twin towers, and another 60%+ experienced three or more potentially traumatizing psychological events (Brackbill et al., 2006). Injuries were also common, but few survivors reported injuries requiring extensive medical treatment (Brackbill et al., 2006). However, most survivors reported new or worsening respiratory symptoms, about a quarter reported heartburn or acid reflux disorder, and another quarter suffered severe headaches (Brackbill et al., 2006).

At the time of the initial interviews, about 10% of survivors reported serious psychological distress, and that survivors caught in the dust and debris were more likely to report injuries (Brackbill et al., 2006). These individuals reported more respiratory symptoms, severe headaches, skin rashes and other irritations, hearing problems and/or hearing losses, strokes, depression, anxiety, and other emotional problems (Brackbill et al., 2006).

The type of building damage was associated with the severity of reported symptoms, and those who survived collapsed buildings reported more serious mental and physical health problems than individuals surviving buildings that did not collapse (Brackbill et al., 2006). In followup interviews two to three years after September 11, survivors of collapsed buildings reported substantially more physical and mental health problems than individuals who survived buildings that were merely damaged (Brackbill et al., 2006). Follow-up interviews are planned for a minimum of 20 years, and the long-term effects of the traumatic events suffered as a result of the World Trade Center Bombing on the mental and physical health of survivors and their progeny may also confirm the existence of transgenerational trauma (Brackbill et al., 2006).

Historical trauma

The theory of Historical Trauma was developed by Dr. Maria Yellow Horse Brave Heart to explain problems facing Native Americans today. It is based upon the pioneering work of transgenerational researcher Rachel Yehuda and others on the transmission of trauma in the offspring of Holocaust survivors (Yehuda, 2002; Yehuda, Halligan, & Grossman, 2001). Historical trauma is the cumulative, emotional and psychological wounds, resulting in depression, substance abuse, diabetes, dysfunctional parenting, and unemployment (Brave Heart, 1998, 1999; Brave Heart & DeBruyn, 1998; Evans-Campbell, 2008; Simon, Rosenberg, & Eppert, 2000; Whitbeck, Adams, Hoyt, & Chen, 2004). Brave Heart contends Historical Trauma is from historical losses experienced by their ancestors (Yehuda, 2002; Yehuda, Bierer, et al., 2000; Yehuda, et al, 2001), and manifested in Native American populations today as the result of the attempted genocide of tribal populations, loss of thousands of acres of their homelands, and their vanishing cultures and languages (Brave Heart, 1998, 1999, 2003; Brave Heart & DeBruyn, 1998).

Brave Heart contends the problems facing the Native American peoples are the result chronic trauma and unresolved grief, perpetrated upon the Indigenous peoples by the dominant European culture for almost 500 years (Brave Heart, 1998, 1999, 2003; Brave Heart & DeBruyn, 1998). However, despite the comprehensive body of research on the transgenerational effects of the trauma by specialists in the transgenerational transmission of trauma (Yehuda, 2002; Yehuda, Halligan, & Bierer, 2002; Jablonka & Lamb, 2005; Yehuda, 2006; Yehuda & Bierer, 2008; Jablonka & Raz, 2009; Yehuda et al., 2014), many other so-called experts in the mental health field continue to challenge the validity of claims that the horrors experienced by their Native American ancestors

continue to be passed down for many generations resulting in the medical and cultural difficulties (Brave Heart & DeBruyn, 1998).

Post Traumatic Slave Syndrome (PTSS) is a set of behaviors and beliefs that are associated with the transgenerational trauma experienced by many African Americans in the United States. Dr. DeGruy examined the phenomenon based on many years of research on the effects of slavery on the African American community. PTSS is like untreated PTSD. However, the treatment is apparently very different (DeGruy, 2005).

PTSS is not a psychological disorder that can be treated clinically but suggests that PTSS continues because parents teach their children the same survival behaviors and strategies they have often used, even long after they have lost their usefulness. As a social scientist, DeGruy contends it is necessary to make significant changes in many parts of society that support the continuation of the syndrome in order to reverse the long-standing inequities experienced by African Americans in the United States (DeGruy, 2005). Energy medicine (EM) may be a and effective and viable treatment protocol to assist in healing transgenerational and historical trauma.

CAM and Energy Medicine Defined

Complementary and Alternative Medicine (CAM) modalities today are based upon the ubiquitous premise that biosystems of the human body function on the propagation of electromagnetic energy. Every living organism can be seen both as a physical body and as a network of complex energy fields. These fields permeate space, are constantly interacting with the environment, and interface with physical cellular systems. One of Einstein's greatest insights was to realize that matter and energy are different forms of the same phenomena, as in his equation $E = mc^2$. Scientists have verified and charted many of the electromagnetic fields comprising the human energy field or biofield using diagnostic instruments (fMRI, Positron Emission Tomography (PET), Electroencephalogram, Electrocardiogram, etc.).

Most ancient civilizations understood the universe to be a vast ocean of energy, intelligence and consciousness. Like an individual wave within that ocean, each living being contains an animating vital energy or life force. Various called Chi/Qi (China), Ki (Japan), Prana (India), Ka (Ancient Egypt), Pneuma (Greece), Ruah (Hebrew), Spiritus (Latin), Wakan (Lakota), Ashe (West Africa), and Mana (Polynesia), the vital energy that flows through all living beings is essential for life and good health. Much of ancient and traditional art depicts human figures surrounded by an energetic aura or halo, evidence that earlier ages and artists were aware of luminous energy fields surrounding the physical body.

Ancient wisdom from many cultures views the human energy field as a spectrum of energies from the most subtle (transcendent energies) to the densest (the physical body). This hierarchy of energetic fields interpenetrates and interacts with the physical body, influencing cellular functionality. These dynamic patterns of energy are the equivalent of energetic blueprints and specific energetic signatures functioning as an intelligent guidance system that maintains health and balance.

The theory of energy medicine (EM) espouses several conceptualizations based upon its' foundational axiom that a biofield, local field and energetic pathways exist around and within the human body (NCCAM, 2012). A second axiom purports that biofield energies permeate and sustain all life, but may be significantly influenced by psychosocial, physiological, transcendent and affective states.

EM potentially involves a cell-to-brain connection that is capable of changing brain states and influencing physiological processes. Merkel cells, located in the epidermis of the palms and fingers, are excitable cells that are in close contact with sensory nerve endings and contain melanosomes responsible for human magnetoreception.

A brain-to-Merkel cell connection is bidirectional, and the ability of the multisensorial Merkel cells to absorb and radiate electromagnetic frequencies may be the source of EM's efficacy (Irmak, 2010). The plasticity of brain structures indicates neuromotor patterns are changeable. Thus, biofield modes of treatment may help relieve deep emotional past-patterns and usher in the positive energy necessary to facilitate healing. The recruitment of energy as the basis of healing in EM modalities, in conjunction with the underlying plasticity of the brain, suggests that their ability to heal depends on an epigenetic mechanism.

Science of Energy Medicine

A field is defined as an area within which a “force” exerts an influence at every point. Everything in the universe's field is entangled in the same energy matrix at every point. Without an understanding of entanglement, studying individual parts and pieces (reductionism) will never fully reveal how things work. An understanding of the universe will only come about through holism, not reductionism. According to biophysics, health issues of a patient do not necessarily originate as internal failures of cells, tissues and organs only.

The new physics recognizes that the invisible forces (signals) in the field are a 100X more efficient in controlling biological functions than are chemical signals. Quantum physics contends that unrecognized environmental information in the form of energy fields profoundly impacts the behavior and function of biological molecules. The nature and behavior of this invisible life-shaping force is functionally indistinguishable from the organizing “vital force” originally described by vitalist philosophers.

A neuroimaging device called the Superconducting Quantum Interference Device (SQUID) is now being used in cardiology with functional Magnetic Field Imaging (fMRI) to measure the biomagnetic field emanating from the heart for diagnostic risk assessment (Oschman, 2002). Research indicates the cardio bioelectric field produces the strongest electrical current in the human body and can be measured by SQUID technology several feet from the skin surface (McCraty et al., 1998).

Fundamentally, cardiac and brain waves form a coherent electromagnetic wave entrainment with other anatomic electromagnetic frequencies and thus form a collective biofield wave pattern with a unique energy signature (Denner, 2009). This biofield energy signature is open, dynamic, nonlinear and self-organizing. It modulates according to the intentionality, psychophysiological and cognitive state of an individual's current disposition and environment (Rubik, 2002; Oschman, 2002; Wisneski & Anderson, 2009). It is proposed in this paper, that significant traumatic memories resonate within an individual's biofield and their progeny resulting in high risk to psychophysiological dysfunction.

The Science of the Body's Energy Field

Proponents advocate that the concept of biofield energy is grounded in the laws of electromagnetism. Ampère's fundamental law of physics states that electrical currents propagating through conductive substances also produce unobstructed magnetic fields in the surrounding space.

Furthermore, according to Faraday's Law of Induction these resultant electromagnetic fields are concentrically amplified through coherent and resonant wave entrainment in the surrounding space and emanate from the human body in a ripple-like effect at the speed of light (Wisneski & Anderson, 2005). Magnetic Resonance Imaging (MRI) and electroencephalogram technologies commonly used in clinical diagnosis today have established that the brain and heart produce and emanate bioelectric waveforms which can be recorded and measured with electrodes attached to the body's surface.

The vascular network of the circulatory system is the chief conductor of heart and brain waves in superposition with bioelectric frequencies from other anatomic structures (Oschman, 2000). These coherent EM biofield frequencies are somewhat analogous to a musical score that produces a chorus of sound with multiple sub-harmonics which modulate in time and space (Rubik, 2002).

Energy Blockages or Dysfunction

Thus, the above scientific evidence suggests the human body is embedded with rhythmic and coherent electromagnetic vibrational frequencies that proliferate throughout the neural pathways of the central (CNS) and autonomic nervous systems (ANS) to assist in self-regulating and self-monitoring all anatomical systems and structures. This endogenous, nonlinear and dynamic EM biofield is critical to facilitating bio-regulatory functions of the human body, as well as exchanging information with the environment through energetic biofeedback loops to conceptualize and initiate contextually responsive behavior.

When biofield energy systems become disrupted or hyperpolarized because of transgenerational trauma and severe stress, the causal effect may elicit psychological distress and dysfunction, as well as intrinsic vulnerability to pain, illness and disease (Fazzino, Griffin, McNulty, & Fitzpatrick, 2010). These disruptions are often referred to as blockages by EM practitioners in specific energetic centers amidst a network of proximal and distal neural connectivity.

Blockages that hinder the flow of bioenergy, what exactly are they?

Kolassa and Elbert (2007) suggest that neural fear networks are developed during times of severe stress, anxiety and trauma. During a situational event that is perceived as threatening or dangerous, state anxiety increases, and a neurological response is stored in short term memory. Severe traumatic events are integrated with the neural correlates of existing fear networks, and subsequently strengthened through long term potentiation and stored in long term memory, thus creating a "building block" effect (Kolassa et al., 2010).

Sousa (2000) refers to these powerful emotional or traumatic neural building blocks as "flashbulb" memories. In the presence of anxiogenic stimulus, the retrieval and recall ability of flashbulb memories is typically elevated and precise. These fear network building blocks disrupt the functionality of the anxiety related cortical structures which over time may lead to more severe and long-term anxiety and depression related disorders.

The behavior of energy waves is important for biomedicine because vibrational frequencies can alter the physical and chemical properties of an atom as surely as physical signals like histamine and

estrogen. Because atoms are in constant motion, which you can measure by their vibration, they create wave patterns like the expanding ripples from the thrown pebbles. Each atom is unique because the distribution of its negative and positive charges, coupled with its spin rate, generates a specific vibration or frequency pattern (Oschman 2000).

The new science reveals that constructive and destructive energy fields are one of the primary determinants that control the conformation in proteins. Simply energy signals are directly connected with the control of protein conformation changes that are expressed as behavior (life). Since proteins also control gene activity through epigenetics. Thus it seems imperative that medical science recognize the primary role of EM in influencing behavior and gene activity.

Energy Medicine and Traumatic Neural Blockages

Severe to extremely severe trauma and anxiety alters normal functioning of several cortical regions of the brain. Although it is widely recognized that ominous stimuli commonly invoke a normal threat response, chronic traumatic stress can lead to anxiety disorders such as generalized anxiety disorder, post traumatic stress syndrome (PTSD), panic attacks, etc., thus altering the brain's intercommunication network between vital neural structures (Kolassa & Elbert, 2007).

The medial prefrontal cortex (mPFC) has emerged in brain research as the primary cortical structure recruited during high-levels of stress and anxiety that result from induced trauma (Likhtik et al., 2014). The mPFC interprets contextual anxiogenic information and functions to inhibit fear and anxiety behavior through a holistic neural circuitry with other subcortical structures. More specifically, the mPFC inhibits fear conditioning in the amygdala, a neural structure which receives sensory and memory stimulus of impending threat or danger (Davidson, 2002). It relays this information to immune system neural structures that mediate various psychophysiological expressions of fear and anxiety, such as facial expression, elevated blood pressure, decreased salivary cortisol (IgA), lower skin temperature and skin conductance response (Wardell & Engebretson, 2001).

Research also indicates that the ventral (lower) hippocampus (vHPC) is involved in contextualized memory formation and interacts with the mPFC in modulating anxiety related behavior (Adhikari, Topiwala, & Gordon, 2010). Therefore, the neural underpinnings of the mPFC, amygdala and vHPC play a significant role in regulating fear conditioning, anxiety related behavior and memory processes that are related to transgenerational trauma. It has been posited that anxiety related disturbances of these cortical brain structures cause the emergence of anxiety disorders such as GAD and PTSD (Kolassa et al., 2010).

Recent research on the concept of dynamic wave entrainment within these neural structures has recently emerged with some fascinating results. Experimental studies on mice exposed to anxiogenic environments indicated synchronization of all three anxiety modulating structures mentioned above in the theta frequency range (Table 11) (Adhikari et al., 2010; Likhtik et al., 2014). This suggests the entrainment process in EM treatments involves the theta band as a content management mechanism to transmit bioinformation from the EM practitioner to neural structures within the participant. The constructive coherence effect catalyzes resting potentials on cell membranes to assist in restoring regulatory functionality of trauma, anxiety and fear neural circuitry thus providing deep level psychological healing (Kolassa and Elbert, 2007; Kolassa et al., 2010).

Table 1. Electroencephalogram measures of brainwave frequencies

Delta	1-4 Hz	Deep sleep and certain brain disorders.
Theta	4-8 Hz	Light sleep, creativity, insight, and some emotional stresses including disappointment and frustration.
Alpha	8-12 Hz	Normal state of mind, reflecting a calm and peaceful yet alert state.
Beta	13-21 Hz	Seen over frontal portions of the brain during intense mental activity and/or anxiety higher frequencies (up to 50 Hz) noted during intense nervous activation and tension.

Note: From “The Science of Energy Therapies and Contemplative Practice: A conceptual review and the application of zero balancing”, by S.S. Denner, 2009, Holistic Nursing Practice, 23(6), p. 315.

Conclusion

This paper lends support for the process of exogenous energy synchronizations with fear networks to catalyze cue-based retrieval of building block memories consciously or unconsciously within the cerebral structures of the participant. It suggests that an EM practitioner’s intentionality and propagation of biofield energy in theta band oscillations facilitates and delivers the transfer of bioinformational content encoded in waveforms to subcortical targets of hyperpolarized cell membranes of the disrupted fear and anxiety neural circuitry of the mPFC, vHPC and amygdala. EM treatments involves other field parameters such as polarization, specific waveforms and intensities, and the patterns and length of time exposure that lead to epigenetic changes in the expression of the human genome.

The resultant biologic response to anxiogenic events innervates cellular action potentials to normalize epigenetic transgenerational effects related neural circuitry for fear discrimination and extinction of endogenous fear network building blocks caused by transgenerational trauma. This entire process is holistic in nature and summons a cascade of neural intercommunications with the immune and endocrine biosystems throughout the human body to reestablish the dynamic equilibrium of homeostasis for optimum psychological health and well being (Rubik, 2002).

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MINDFULNESS AND WELL-BEING IN A FILIPINO COLLEGE SAMPLE

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Abstract

In recent decades, mindfulness-based interventions have been shown to be a very effective as well as economical approach in treating psychological disorders, with the literature from studies in the Western world, presenting study after study of the significant effects of this treatment. On the other hand, mindfulness interventions in the Philippine context are just beginning, with less than a handful of studies published regarding its efficacy. This study is one of the first exploratory investigations on the potential of mindfulness-based strategies for young Filipino sample. The findings suggest that the use of an adapted mindfulness based cognitive therapy approach on a college population can bring about changes in the areas of stress, depression, anxiety and over-all psychological well-being. This study suggests that mindfulness interventions might be a cross-culturally effective approach and leads the way for more studies within the Filipino context.

Keywords: mindfulness, college sample, culture

Attending college is meaningful for many young adults (Wilt, Bleidorn & Revelle, 2016). This period is marked by physical, emotional, and psychological changes that can have both positive and negative effects on college students. The last two decades has seen an alarming increase in the number of college students who suffer from mental health conditions such as depression, suicide, anxiety and alcohol abuse (Kirsch, Doerfler, & Truong, 2015). In the 2014 National Survey of College Counseling, results confirmed the trend towards a rise of students with severe psychological problems. Data from the past five years showed that anxiety disorders ranked first in prevalence among college students (Gallagher, 2014). According to the American College Health Association (2014), 14% of college students reported depression, 23% reported anxiety and 32% reported stress as factors affecting their functioning in the past 12 months. Unfortunately, the severity of the problem cannot be adequately addressed due to the limitations of college counseling resources. It is recommended that actions to support the students' wellbeing must be creative and evidence-based (Greeson, et al., 2014). Research suggests that a mindfulness-based intervention may be an effective strategy to address mental health conditions among college students.

Kabat-Zinn (1995, p. 4) defined mindfulness as "paying attention in a particular way; on purpose, in the present moment, nonjudgmentally". For the past 20 years, mindfulness interventions has been used to treat eating disorders, anxiety, depression, and substance abuse, just to name a few. Furthermore, mindfulness meditation, which includes practices such as attention regulation, body awareness, emotional regulation, and changes in self-perspective, has been used in the treatment of posttraumatic stress disorder, pain relief, and substance abuse treatment (Holzel et al., 2011; Vujanovic, Niles & Abrams, 2016; Zeidan et al., 2015; Himelstein, Saul & Garcia-Romeu, 2015). Matos Machado, and Costa (2015) interviewed experienced mindfulness practitioners regarding the outcomes and processes of the interventions. Subjects reported perceived efficacy of the treatment in that there were improvements in behavioral, cognitive, and emotional processes as a consequence of long-term mindfulness practice. Aside from its effectiveness, mindfulness-based interventions are cost-efficient. In a study of the cost-effectiveness of mindfulness-based stress reduction methodology, results showed that mindfulness training is effective for short-term reductions in health care use and continuing the formal practice of mindfulness will maintain the reductions in health care utilization (Knight et al., 2015).

Given the positive outcomes of the mindfulness approach in the treatment of various disorders, there has been an increase in research on how mindfulness may be effective in addressing the needs of the college population.

Efficacy of Mindfulness Approach Among College-Age Individuals

In 2016, Ramler et al. found that MBSR helped first-year students adjust to the challenges of college life. This approach was also found to have wide-ranging positive effects including stress and anxiety reduction (Canby et al., 2015; Greeson et al., 2014; Huang, 2014). Practicing mindfulness resulted in clinically significant reductions in depression and anxiety of college students and young adults (McIndoo et al., 2016; Preddy, McIndoo & Hopko, 2013; Shearer et al., 2015). Students who engaged in mindfulness exercises like meditation had more adaptive emotional outcomes when dealing with depressive symptoms, anxiety symptoms, affective instability and distress intolerance, compared with students who have no mindfulness practice (Pearson et al., 2015). Dispositional mindfulness when used as an emotional regulation strategy was also found to help adolescents recover from depression, anxiety, rumination and dysfunctional attitudes leading to positive mental outcomes and better quality of life (Chambers et al., 2015).

Physiological stress responses have also been found to be positively affected by mindfulness practice. In a study with college students, a brief mindfulness intervention led to

their ability to modulate their heart rate, which suggests that mindfulness training can help manage stress related to academic and cognitive challenges (Shearer et al., 2016). In a study done by Greeson et al. in 2014, they also reported that mindfulness intervention addressed sleep problems in the university setting.

Mindfulness based interventions are also effective in treating clinical disorders. Bodenlos, Noonan, and Wells (2013) examined the relationship between mindfulness and alcohol problems. They concluded that MBSR was useful in decreasing alcohol problems on college campuses. This was supported by the findings of Mermelstein and Garske (2015) that a brief mindfulness-based intervention in addressing binge drinking problems among college students. Mindfulness based psychological interventions are also effective for adolescents with clinical heterogeneous mental health diagnoses. After a 5-week mindfulness-based intervention, adolescents from a mental health clinic reported significant decreases in psychological distress and increases in mindfulness and self-esteem (Tan & Martin, 2013).

Mindfulness in the Young Asian Population

The benefits of practicing mindfulness are validated across different cultures. In the Gulf Arab region, a Mindfulness-Based Stress Reduction program was implemented among Emirati students and results showed that participants were able to manage their responses to daily life stress better (Thomas, Raynor & Bahussain, 2016). Researchers predicted that mindfulness practices would play an important role in reducing the prevalence of depressive illness in the region.

Xu and Liu (2013) asserted that mindfulness approaches can be especially effective in promoting individual well-being when practiced within the Chinese culture compared to the Western culture. In Malaysia, mindfulness-based cognitive therapy was developed to help medical students cope with stress and the study yielded positive outcomes and reported students having better stress management strategies afterwards (Phang et al., 2016). College students in Thailand were taught mindfulness meditation techniques to treat anger and aggressive behavior. The study showed that this type of intervention could prevent violence among the Thai youth (Wongtonkam et al., 2014). In a 2015 study conducted by Ozawa-de Silva, results indicated that Naikan, a Japanese mindfulness practice which asks participants to recollect the kindness of others, significantly improved positive mental health, perceived connection with others, and perceived meaning in life lowering the risks of depression and suicide.

Potential Effectivity of Mindfulness in a Filipino population

There has been little literature on the effectiveness of mindfulness approaches in the Philippine setting. Early in 2016, Klanin-Yobas et al. published a structural equation model including mindfulness. Mindfulness was measured using Brown and Ryan's Mindful Awareness Attention Scale. The model confirmed that mindfulness was the strongest predictor of positive psychological well-being for Filipinos. In the Philippines, a psychological clinic called Ateneo Bulatao Center has also began integrating mindfulness in conducting therapy and workshops after a collaboration and training was provided by the Centre for Mindfulness Studies on Mindfulness-based Cognitive Therapy.

Walsh and Shapiro (2006) assert that at the heart of many religious and spiritual traditions, such as Buddhism, Islam and Christianity, is mindfulness (Walsh & Shapiro, 2006). Religion is an integral part of the Filipino culture. According to the 2011 Pew Research and Religion and Public Life Project, 87% of Filipinos are Christians, and that the Philippines is the fifth largest Christian country in the world. Religiosity generates a sense of spirituality among Filipinos (Conde, 2004). Spiritual practices include hearing mass and

praying the rosary, among others. These practices have a meditative quality, which is characteristic of mindfulness. As such, mindfulness meditation is potentially effective, given the Filipino religious character.

This study is an exploratory investigation of the efficacy of mindfulness in a Filipino college sample. The literature on mindfulness in the Asian context is still in its infancy, particularly research on the efficacy of mindfulness in a Filipino sample, let alone a school sample. The need for interventions for psychological issues is very pressing for a developing country like the Philippines. Cagande (2013) cites cost, the lack of facilities, and the low numbers of trained professionals among the many issues facing mental health interventions in the country. Furthermore, the need to attend to the young people of the Philippines is crucial as well. A study by the University of the Philippines in 2014 cites how 10.9% of adolescents age 15-24 years old in the nation's capital have considered suicide, with one in 20 having attempted suicide in the previous ten years (DRDF & UPPI, 2014). Unquestionably, it is necessary to find an efficacious yet affordable intervention for the young Filipino population. Mindfulness interventions within a group setting, is a potentially effective possibility.

Participants

The participants of the study were Filipino Psychology Majors, in their senior year, ages 18-22 ($M = 20.4$, $SD = 0.9$). Students enlisted in one of two counseling-elective classes in Psychology through an online enlistment process before the beginning of the semester. The first counseling class contained a mindfulness component while the other counseling class did not have one. Inquiry on whether the participants had engagement in any formal mindfulness practice at the beginning of the study was also established. There were 19 students enlisted in the mindfulness group, and 9 students in the control group.

Measures

Perceived Stress Scale. The Perceived Stress Scale is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The PSS is rated on a 10-point Likert Scale ranging from 0 (Never) to 4 (Very Often).

Mindfulness Attention Awareness Scale. The Mindfulness Attention Awareness Scale (MAAS; Brown & Ryan, 2003) is a 15-item self-report measure designed to assess a core characteristic of dispositional mindfulness, namely, open or receptive awareness of and attention to what is taking place in the present. Each item is scored on a 6-point Likert Scale ranging from 1 (Almost Always) to 6 (Almost Never).

Five-Factor Mindfulness Questionnaire. The Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) is a 39-item questionnaire that measures five facets of mindfulness: observe, describe, act aware, nonjudgment and nonreactor. Each item is scored on a 5-Point Likert Scale ranging from 1 (never or very rarely true) to 5 (very often or always true).

Depression Anxiety and Stress Scale. The DASS 21 (Lovibond & Lovibond, 1995) is a 21 item self-report questionnaire designed to measure the severity of a range of symptoms common to both Depression and Anxiety. In completing the DASS, the individual is required to indicate the presence of a symptom over the previous week. Each item is scored

on a 3-point Likert Scale ranging from 0 (did not apply to me at all over the last week) to 3 (applied to me very much or most of the time over the past week).

Schwartz Outcome Scale. The Schwartz Outcomes Scale-10 (SOS-10; Biais et al., 1999) is a 10 self-report items that measures psychological health and well-being. Psychological health is conceived as an overarching construct that encompasses life satisfaction, interpersonal effectiveness, positive self-appraisal, optimism, and the absence of psychiatric symptoms. Each item is scored on a 10-point Likert Scale ranging from 0 (Never) to 6 (All or Nearly All the Time).

Procedure

Undergraduate students in their senior year enlisted in two different Psychology classes, a Counseling Class with a Mindfulness component and a Counseling Class without a Mindfulness component. The students had the flexibility to choose which elective class they wanted to enlist in. Students of both classes were given a battery of tests to measure stress, depression, anxiety, well-being, and mindfulness. In the span of 5 weeks within the middle of the semester, the students involved with the class with mindfulness underwent an adaptation of the Mindfulness-based Cognitive Therapy curriculum (Segal, Williams, & Teasdale, 2013) while the other continued with their usual lecture and class. All the students then answered the same group of tests after the five weeks. The pre-test and post test scores of students were analyzed to explore the effects of mindfulness.

Mindfulness Intervention

The Mindfulness-based Cognitive Therapy curriculum was adapted through the duration of the sessions. The activities that were practiced can be found in *Table 1*. Notably, most of the program was remained very similar to the original program. The program that was facilitated in the Mindfulness counseling class was adapted in terms of the duration of each module. Furthermore, there were technical questions asked after each activity given that it was a class, with academic objectives to be fulfilled. Each session ran for 2 hours, twice a week in a span of 4 weeks while having a pretest a week before the intervention began and posttest the following week after the last session. Activities in each session of the curriculum were facilitated by two people, a professor with a PhD in Psychology, who is certified in Mindfulness Based Cognitive Therapy, and a graduate student in Psychology. The other class was ran by a professor with a Master's Degree in Counseling Psychology. Both professors have been practicing psychologists for more than 20 years.

Table 1

Adapted Mindfulness Based Cognitive Therapy

Timetable of Sessions	Activities of Session
Week 1	
Session 1: Awareness and Automatic Pilot	Raisin Exercise and Body Scan Homework: Body Scan and Mindfulness Activities
Session 2: Living in Our Heads	Body Scan, 10 Minute Sitting Meditation, Thoughts and Feelings Exercise "Walking

Timetable of Sessions	Activities of Session
	Down the Street” Homework: Body Scan, Pleasant Events Calendar, and Mindfulness Activities
Week 2	
Session 3: Gathering the Scattered Mind	Mindful Seeing Exercise, 30 Minute Sitting Meditation, Mindful Movement “Mindful Stretching” Homework: Mindful Movement, 3-min Breathing Space, Unpleasant Events Calendar and Mindfulness Activities
Session 4: Recognizing Aversion	Mindful Walking, 40 Minute Sitting Meditation, 3 Minute Breathing Space Homework: Sitting Meditation, Mindful Walking, 3-min Breathing Space, and Mindfulness Activities
Week 3	
Session 5: Allowing	Working with the Difficulty Meditation, 3 Minute Breathing Space Homework: Working with Difficulty meditation, and 3-min Breathing Space
Session 6: Thoughts are not Facts	40 Minute Sitting Meditation, Breathing Space, Relapse Prevention Activity Homework: Any formal Mindfulness practice they choose, and 3-min Breathing Space
Week 4	
Session 7: Taking care of Self	30 Minute Sitting Meditation, Taking Care of Self Exercise, Activity and Mood Exercise, Nourishing and Depleting Exercise, Mindful Walking Homework: Body Scan, 3-min Breathing Space and Any Formal Mindfulness practice they choose
Session 8: Maintaining and Extending	Body Scan

Results

Perceived Stress

There was a significant difference in the scores on the Perceived Stress Scale before the mindfulness program ($M=2.24$, $SD=0.58$) and after the mindfulness program ($M=1.66$,

SD=0.61); $t(19) = 5.32$, $p < 0.05$ with a decrease of 0.58 (SD=0.11) and a large effect size ($d=0.97$). While in the control group, there was no significant difference in scores.

Mindfulness

There was a significant difference in the scores on Mindfulness before the mindfulness program and after. For MAAS, there was a significant change before ($M=3.55$, $SD=0.72$) and after the mindfulness program ($M=3.94$, $SD=0.56$); $t(19) = -3.09$, $p < 0.05$ with an increase of 0.39 (SD=0.57) and a moderate effect size ($d=0.60$). While in the control group, there was no significant difference in scores.

In the FFMQ, there was a significant difference in the scores before the mindfulness program ($M=2.86$, $SD=0.52$) and after the mindfulness program ($M=3.37$, $SD=0.39$); $t(19) = -4.74$, $p < 0.05$ with an increase of 0.51 (SD=0.49) and a large effect size ($d=1.10$). While in the control group, there was no significant difference in scores.

Depression and Anxiety

There was a significant difference in the scores on the DASS before the mindfulness program ($M=1.33$, $SD=0.72$) and after the mindfulness program ($M=0.95$, $SD=0.51$); $t(19) = 2.36$, $p < 0.05$ with a decrease of 0.38 (SD=0.73) and a moderate effect size ($d=0.61$). While in the control group, there was no significant difference in scores.

Well-being

There was a significant difference in the scores on the Schwartz Outcome Scale before the mindfulness program ($M=2.24$, $SD=0.58$) and after the mindfulness program ($M=1.66$, $SD=0.61$); $t(19) = 5.32$, $p < 0.05$ with a decrease of 0.58 (SD=0.11) and a large effect size ($d=0.97$). While in the control group, there was also a significant difference in scores during pretest ($M=4.39$, $SD=0.96$) and posttest ($M=4.16$, $SD=0.86$) with a decrease of 0.23 (SD=0.24) and a small effect size ($d=0.25$).

These results corroborate previous studies on the positive effect of mindfulness practice and that a mindfulness intervention can affect one's level of mindfulness and have a significant effect on stress, anxiety, depression, well-being. These findings have implications for introducing mindfulness programs to college student populations particularly in Asia.

Discussion

In this study, the results suggest how the practice of mindfulness can have a positive effect on college students in a Filipino context. The findings corroborate with previous studies conducted in the West about the efficacy of mindfulness practice for a young population, and how mindfulness can improve well-being and lower depression, anxiety, and stress.

With significant increases in the level of stress, depression, and anxiety in the college population, the importance of research in various interventions became imperative. In a report by the World Health Organization (WHO, 2005), it was mentioned that mental health issues are expected to increase with 15% by 2020 in which adolescents are part of the highest risk group that can experience this problem. With this current trend, plenty of research to explore interventions and programs has been conducted to address these needs such as mindfulness interventions. In the Philippines, the use of mindfulness interventions for youth to deal with

stress and other emotional difficulties is just beginning, with few studies measuring the efficacy of such an intervention. With the availability of mindfulness programs, there is growth in interest on how mindfulness can be utilized to address particular needs such as in schools (Huppert & Johnsen, 2010; Meiklejohn et al., 2012) and the workplace (Vanderhoof, 2015; Good et al., 2015). Mindfulness practice has been linked lower rates of depression (MacKenzie & Kocovski, 2016) and greater well-being particularly adolescents through practicing in deliberate awareness and using their bodies as a form of support and warning measure towards unwanted and unhealthy emotional and cognitive reactions (Parto & Besharat, 2011) and a stronger integrative neuron network in the brain (Ryback, 2006). Brain imaging studies have explored how the practice of mindfulness can have an effect on different parts of the brain related to anxiety and stress (Tang et al., 2015). In this study, students who practiced mindfulness were guided in facing their negative thoughts and emotions in a healthier manner, in contrast to unhealthy ways of approaching these negative mental activities, such as through rumination and suppression. The practice of MBCT emphasizes acceptance and encourages viewing thoughts as simply thoughts instead of reflections of reality (Rodrigues et al., 2017).

This study had several limitations. One major limitation of this study was that the participants of the study were enrolled in a specific class and thus participation was in the form of nonrandomized-sampling. Another limitation was that the sample size for class was not large and unequal for the two classes. The fact that the teacher of the mindfulness class was also the facilitator might also have had an additional effect on the students. This might have influenced the students to engage themselves more in the modules with aims of performing well in an academic class.

This study explored how the practice of mindfulness among college students in the Philippines may be helpful. Results of the study are promising and open the field to more mindfulness interventions in the Philippines. The efficacy of mindfulness interventions can be explored across different populations such as adults, children, other socio-economic statuses, and with populations with particular psychological issues. Along with this, understanding the variables that can be affected by mindfulness, given the country's culture and context, can also be further explored. Overall, this study suggests how mindfulness practice suggests how mindfulness practice may be helpful for college students to cope with their stresses and challenges while improving their well-being.

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Narcissism & Kohut's Self-Psychology

Self Practices in Service of Self-Transcendence

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The DSM has struggled with Narcissistic Personality Disorder since it was first included in the DSM III in 1980. In the lead up to DSM-5, it was initially tagged for removal. For Personality Disorders in general, the criterion remained unchanged but major new conceptual and structural directions were proposed in section III for a move away from a categorical approach to incorporating a dimensional and trait based approach, with a measure of general level of personality functioning with many specifiers to accommodate the array of presentations. In the same way psychology has struggled with diagnosis of narcissism, so too with its treatment. Kohut's self psychology represented a significant inroad in theory and treatment for the narcissistic disorders. Kohut had moved away from categorical diagnoses, referring to disorders of self. According to Kohut, disorders of self were a result of childhood trauma; poorly or inconsistently attuned parenting resulting in a developmental arrest. Self-psychological treatment of narcissism provided a soothing function, a mirroring function and an idealizable-object function. While there is a general level of acceptance that narcissism is increasing, this type of therapy is usually long term and frequently twice or more a week. It is expensive in time and money and outside the means, awareness or access of most people. Parallel to the changes at a diagnosis level, there are also proposed changes at a treatment level for a move away from the entrenched positions of differing theories and their particular therapy model towards a Trans-theoretical, integrated, modular and tailored treatment model.

A dimensional model of narcissism, from mild to severe, requires cut off points for diagnosis. But where do we draw the line? The DSM system is inclined to set it high when there is some degree of impairment of functioning in daily life. Transpersonal Psychology is inclined to set it low, with the concept that we all have some degree of narcissism and that it is the point and the path of our life journey to transcend a focus on our small selves and lives. Mainstream psychology stops its focus on trait narcissism with a healthy level of self esteem, but it is at this point that Transpersonal Psychology can complement the discussion. From a Transpersonal point of view, failure to begin the process of self-transcendence will also create emotional symptoms and is also conceived of as a developmental arrest. The goal of this paper is to outline some proposed research into the treatment of trait narcissism exploring the use of daily practices that can be incorporated into the therapy room, or in groups outside the therapy room; practices that fall into 4 types: self-soothing, self-mirroring, self-idealizing and self-transcending. Practices that are informed by the theory of Self Psychology and the goals of Transpersonal Psychology. Practices that are Trans-theoretical, integrated, modular and tailored through self-selection.

Possible Therapeutic Benefit of Spiritual Images

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Abstract

While talk therapy seems to be the golden standard in counseling psychology, there are other possible modalities that have some empirical support. The use of photographs is one such example that has potential to help clients express themselves in instances where words are not enough. Furthermore, it seems that religiosity, spirituality or a general connection to a higher power likely have a positive effect on happiness for many people. Therefore, it seems to make sense that viewing spiritual photos could have a positive impact on happiness. This paper first reviews literature on the use of images and photographs generally as therapeutic tools and then the rather scant literature on the use of spiritual images more specifically. Limitations, possible implications for therapy, and future directions are briefly discussed.

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Possible Therapeutic Benefit of Spiritual Images

What is the meaning of happiness? Is it materialism or spiritualism? Is religion or spirituality the final answer to happiness? Researchers have long been interested in studies on the psychological underpinnings of happiness (Diener, 1984) as well as the relationship between religious or spiritual orientation and issues of mental health (Joseph, Linley & Maltby, 2006). Furthermore, it would appear that a connection to a higher power, religion, or spirituality can potentially have a positive impact on individuals' happiness. In fact, people who report being religious or spiritual also tend to report higher levels of subjective well-being (which includes "happiness, life satisfaction, and positive affect") (Diener, 1984, p. 542). Rye et al. (2013) claim that some positive psychology interventions are derived from religious/spiritual practices and that it is important and probably beneficial to integrate the two fields. They suggest this type of integration may be more effective than regular therapeutic practices.

For the past several decades, the relatively new field of positive psychology has looked at spirituality's likely positive relationship with mental health and happiness, although there are multiple possible explanations for that relationship (Joseph, Linley & Maltby, 2006). While there does seem to be a relationship between happiness and spirituality, the causal direction is not definitive. Often, psychology and religion/spirituality do not mesh well together; psychology tends to emphasize observable and measurable behavior while religion/spirituality emphasizes faith. However, both disciplines tend to attempt to answer life's questions from their different perspectives. Positive psychology's study of strengths and topics such as forgiveness, hope and gratitude seems to bring some agreement between these two disciplines (Joseph, Linley & Maltby). There have been some attempts to integrate Western psychology and Buddhist spirituality in order to examine how they may improve mental balance and well-being (Wallace & Shapiro, 2006). The current authors are interested in exploring this intersection between these two important disciplines. Religious/spiritual people often report being happier than those who are not (Diener, 1984; Joseph, Linley & Maltby, 2006) and images/imagery have been used in therapy to help individuals improve their mental health (Ginicola, Smith & Trzaska, 2012; Ronen, 2011). Therefore, we would like to explore whether viewing spiritual images might improve happiness.

Images as a Therapeutic Tool

Pablo Picasso once enunciated the following powerful quote: "*Art washes from the soul the dust of everyday life.*" While verbal communication is standard practice in counseling psychology, other alternative therapies are also applicable. Images can be healing and have been involved in healing rituals for many cultures for a long time (Prabu & Subhash, 2015). Art therapy and the use of images and artwork have been used by therapists as alternatives to traditional therapy for many decades (Shorr, Sobel, Robin, & Connella, 1980) and seem to still be acceptable in several therapy techniques used today (Singer, 2006) and among many different populations, client ages, and with a wide range of presenting issues (American Art Therapy Association, 2018). In traditional psychotherapeutic treatment where conversation is mainly used, there are many circumstances that it may be very difficult for particular clients to use words to convey their issues or express their feelings. So, the counselor might seek alternative as well as creative ways to use nonverbal approaches and photos have certainly been used and recommended as a supplement to talk therapy for many different client concerns (Ginicola, Smith & Trzaska, 2012).

Images and imagery seem to have some potential benefit in terms of helping people feel better at times. There is some evidence showing the calming and improved mood effects

of imagery. For example, those who participate in a relaxation guided imagery report being calmer and feeling better (Apóstolo & Kolcaba, 2009) and are objectively more relaxed based on physiological tests (Prabu & Subhash, 2015).

Images seem to be helpful as an alternative or addition to traditional talk therapy for many different presenting concerns and for aiding in a client's exploration (Ronen, 2011). In addition, a client's experience with an image may be useful assessment information or even intervention for therapists (Ronen, 2011). There is a complex process that occurs rapidly in the brain when humans view images. The full process is beyond the scope of this paper, however a brief overview may be useful to understand how images may have a positive influence on mental health. After an image is input into the brain, the brain both stores it and processes it in a personally meaningful way based on past experience, "knowledge or attitudes"; in fact, "old information stored in the brain can influence new information, resulting in different experience or new knowledge" and, furthermore, may shape memories (Ronen, 2011, p. 92). In other words, viewing an image can shift the viewers experience and potentially their emotional state also. According to Ronen's interpretation, images are likely useful to help understand someone's world and quotes Lazarus' (1977) belief that imagery is "the eye of the soul" (p. 92). Ginicola, Smith and Trzaska corroborate this by saying images can give individuals a "nonthreatening" therapeutic alternative to express themselves in ways that words may not be sufficient (2012, p. 311).

Included among those alternative therapeutic methods is the use of photographs and can be useful for people who are not artistic (Ginicola, Smith & Trzaska, 2012) and seem to have a potential positive impact for visual learners at least (Stevens & Spears, 2009). Ginicola, Smith and Trzaska conducted some clinical research as well as summarized the literature on how photos have been used as a therapeutic technique. They mention that photos have been used with many populations, different therapeutic modalities such as group, individual and family, at various stages of therapy, and for many presenting issues.

On the other hand, photos do not always have a therapeutic effect for everyone or every situation (Ginicola, Smith & Trzaska, 2012). A particular photograph congruent with a client's case might be assigned in order to be used as an effective healing tool. If the photo is not congruent, it may not be useful for the therapist to understand or diagnose their clients based on how they feel or what they create, what their perceptions and reactions are, or even any connections between their past memories, current events, and future expected actions. Furthermore, instructions would need to be specific and understood in order to use photographs as an effective therapeutic tool (Ginicola, Smith & Trzaska, 2012). While using photos in therapy may not be for everyone, Ginicola, Smith and Trzaska's review reveals that the use of photos as a therapeutic tool can facilitate exploration of spiritual topics for some.

Possible Benefits of Viewing Spiritual Images

Spirituality can improve both mental and physical health outcomes (Meichenbaum, 2008). There may be a positive relationship between viewing or imagining spiritual images and happiness. According to Buddhism, people can likely experience at least a temporary positive state when viewing some images although this may actually detract from longer term mental well-being (Wallace & Shapiro, 2006). Elias et al. (2015) conducted a qualitative study with women cancer survivors that introduced spiritual imagery to the participants. They reported a significant improvement in Quality of Life for the group that experienced their treatment which included spiritual imagery among other aspects as compared to the control group which received standard therapy. Spiritually based REBT therapy has been proposed to improve mental health outcomes in relation to a client's issues with their personal "God

Image”, how the individual imagines the representation of their God (Johnson, 2008). Johnson’s study showed how a shift in that image away from a psychologically unhealthy one to a healthier one, at least for his client, resulted in more positive well-being and functioning. Positive God Images have been found to have both a direct and indirect positive relationship with happiness in another study with individuals coping with chronic pain (Dezutter et al., 2010).

The above cited examples lead the current authors to think that viewing positive spiritual images will likely improve the happiness of the viewer. Therefore, we surmise that religious or spiritual images could have a therapeutic effect. To our knowledge, this has not been tested. We think that gazing at calming spiritual images will help people feel happier and better about themselves. It may be possible that images congruent with one’s own religious/spiritual view may have a stronger effect, although we imagine that even incongruent ones will also have a significant effect.

Conclusion, Limitations, Implications, and Further Directions

As can be seen, there is evidence for the use of images in therapy and generally to improve mental health. The advantages of utilizing photos in therapy seem to be numerous (Ginicola, Smith & Trzaska, 2012), but little empirical research exists to support the use of spiritual photos as therapy. Furthermore, spirituality often has a positive influence on happiness. There is also some evidence indicating that spiritual images can be beneficial. While we found some support for our hypothesis, we found very little empirical evidence for the benefit of spiritual images for increasing happiness. Therefore, more research in this area is encouraged, with various multicultural populations and in different countries, including quantitative experimental and qualitative studies. We suggest our hypothesis that happiness could be boosted by gazing at positive spiritual images be tested.

Naturally, this paper has some limitations. First, it is only a theoretical paper based on a limited literature review. This review only examined research in English primarily from Western sources. There may be some limited implications for practice derived from this paper. Possibly, spiritual images may be utilized in therapy in some cases where it would not be contraindicated in order to attempt to improve outcomes.

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Product endorse associated with brand preference of Filipino Millennials

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Abstract

Millennials are social consumers (McCormick, 2016) and endorser image and trustable persuasion are the ways to attract consumers. Using celebrity to endorse a product being shown in commercial and social media sites may generate effective public recognition for a brand and might affect their purchase intention. The purpose of this study is to know if there's a relationship between celebrities promoting a product and millennial preference. The research is based on the Attractiveness Model theory by McGuire (1985), states that effectiveness of the message is dependent not only on the attractiveness of the endorser, but rather on his similarity, likeability, and familiarity to the receiver. The 48 items on a four-point Likert scale which was adapted from Ohanian (1990) 'Celebrity Endorsement Scale' with a Cronbach alpha of $\alpha=.93$, were administered to a sample of 385 to assess the contrast between Local and Foreign Celebrity Endorsement effects on purchase intention of millennials, with an age ranging from 22 to 37 years old. Results of the study showed that endorsement through local and foreign celebrities has similar and not much significant influence on purchase intention, with no major difference by country origin of celebrity. In the study, consumer-celebrity relationship is assessed and confirms that attributes of celebrity (Local or Foreign) are not much important for intent to purchase for existing products but quality, brand image and brand loyalty are the key factors for intention to purchase.

Keywords: Consumer Psychology, Crab Mentality, Cultural Norms, Culture influence, Filipino, Millennials

In today's society, many commercial advertisements including television and radio ads, fashion magazines, billboards; whether it maybe about cosmetics, fashion, beverage or food, is being endorsed by a celebrity, which causes curiosity for many people to try the certain product to see if what the endorser say is actually a fact. Also, the 15 seconds advertisement of the product can really get the attention of the consumer and they can be really familiar with the product especially if it uses trendy approach. According to Miciak and Shaklin (1994), to ensure that the familiarity with the product depends on the familiarity with the endorser, celebrities who are recognized by many people, seems likeable and friendly is more effective to use. As defined by McCracken (1989), a celebrity endorser is "someone who enjoys public recognition and who uses this recognition on behalf of a consumer good by appearing with it in an advertisement". Companies prefer to use top actors and actresses to do an endorsement of their brand, since they can attract more fans which can be a potential consumer of the said product thus affecting their purchase intention (Cooper, 1984). Celebrities who does an endorsement is known for their popularity, awards and achievement which affect the product they endorse that can enhance the image of the product (Erdogan, 1999). According to Kahle and Homer (1985), studies proved that using a celebrity who is attractive produce more higher purchase intention and creates a positive attitude toward the endorsement.

Colonialism is always a trend even on the early stages of economic and social development. Colonialism as defined by the Webster's Dictionary (1989) is "when a country tries to extend its authority over other people or territories." Colonialism is where a foreign country tries to utilize their superiority towards another country by trying to expose to their products endorse by famous personalities so that the people in other countries would be encouraged to buy those things. It has been an act of power, an introduction of a country's pride and strengths in which they have been promoting to the third world countries and/or under-developed countries. Such act is also seen as an expanding of knowledge and cultural influence since improvements are develop. Colonialism can mean both positive and negative perspective. Positive, in a way that progression can be felt and seen. An example would be the mainstream media. The media highly influences the society's way of living. From the so-called, "K-wave" of South Korea, to the way of learning different international languages of every country are great impacts of what colonization can do. This is when Globalization comes. According to Dictionary (n.d), Globalization defined as "the act of globalizing, or extending to other or all parts of the world; worldwide integration and development"; one of the examples of the countries that tries globalization is South Korea, where the Korean Wave originated, it has been a popular type of culture since the 1990's in some parts of the world.

In the year 1990, with the help of the Internet, endorsement has been more prominent and it became a lot easier to present their products and communicate with the consumers (Gordon & Turner, 1997), like the K-wave from South Korea, Anime from Japan and movies and television series from the America. The Korean and Japanese people are the ones who set the trends in Asia, from clothing to cosmetics to gadgets then Filipinos tend to follow the trend so if they ever saw a certain brand that a popular celebrity advertises they will try to buy that product that according to a survey conducted by the FRIL lab (2005) it revealed that 47.9 percent of teens between 10 to 19 years old found fashion inspiration from Korea, and up to 27.5 percent of adults in their 20s do. Last 2011, the number of Koreans who arrived in the Philippines for tourism purpose has been estimated to reach the one million marks by yearend, up by 30 percent from 2010 (Yap,2011) making them the largest group of foreigners who have entered and stayed in the Philippines.

Held in the city of Chiba, Japan, last 19 October 2013, was the 10th anniversary awards ceremony of Korean Entertainment, where the award recipients were chosen by the 420,000 people, (Korea Creative Content Agency, 2013) the amount of people who voted for this event shows that K-Wave has been successful in growing steadily even outside of Korea. The Korean Wave originated from the words “Han” (Kor. Meaning “Korean”) and “Ryu” (Kor. Meaning “Wave”) or a present-day term (Deen, 2012). Korean Tourism Organization defined the Korean Wave or *Hallyu* as recent cultural phenomenon of pop culture from South Korea which is sweeping throughout the world (Kim & Ryoo, 2007), this can be proved by the existence of Korean Boy groups like BTS, who are dominating the K-Pop scene in the America for they have won the ‘Top Social Artist Award’ last May 2017 from the Billboard Music Awards, also last September they dropped their new album ‘Love Yourself: Her EP’ which debut in Top 10, they also have made their live U.S. television debut on the 2017 American Music Awards, and performed and interviewed shows such as The Ellen DeGeneres Show, Jimmy Kimmel Live!, The Late Show With James Corden and more (Benjamin, 2017).

Whilst positive, negativity can be as much as abundant as the positive means. It decreases the 'wants and needs' of a country's own legacy. Simple example would be the marketing of Vivo phones from China to the Philippines. Stephen Curry, an international well-known basketball MVP advertises mobile phones. The product was made solely in China but it has been heavily purchased by Filipinos because of the said qualities that matches the price and popularity it has brought within the Philippines. This is in contrast with the MyPhone series of the country in which sales are not that high compared to the international one (Magdirila, 2013). It causes abandonment and ignorance of a country's own roots and legacy.

The Korean Wave which consists of dramas that can be watched in the internet, music, actors, smartphones as well as the latest fashion, food and cosmetics, that people buy this product because its trendy and phenomenal. Anime from Japan is good example of Japan's effect of colonialism, people who watch. Anime tend to buy merchandise from stores like ‘Comic Alley’ where some things are authentically from Japan (Liporada, 2012) they can buy collectable stuff like cards, ‘chibi’ figurines of their favorite character and some limited products though they should make a reservation for such products because it's one their best sellers; Cosplayers can also buy their clothes in Comic Alley. Filipinos like anime because they can understand it when it is being dubbed in Tagalog. Children who have watched television where an anime show is being aired, since it's in Tagalog they can easily understand what the plot of the story is all about.

Entertainment, Fashion, and Electronics

People make decisions when it comes to choosing and buying things based on cultural influences. Scholars (Chua and Iwabuchi, 2008; Kim, 2007; Ryoo, 2009; Shim, 2006) have defined K-POP (*Hallyu*) as a signal of a contraflow in the Western-dominant global flow of media. According to Lansky (2012) due to the global rise of Korean pop culture fandom beyond the East and Southeast Asian regions, the *Hallyu tsunami* emerged. Ryoo (2009) said that “The Korean wave is a first sign of how a country ‘in between’ can find a niche and reposition itself as an influential cultural mediator and creator during global cultural transformation”. *Hallyu 2.0* as defined by Song and Jang (2013) is due to the penetration of K-pop in the western market together with the formation of K-pop fandom. Korean wave is not just on K-Drama it is also digital content like K-pop, online games and smartphones like Samsung (Kim, 2013).

Many parents blame the genre for several upsetting new trends. Young people who would dye their hair in bold colors and spending lots of money to buy the latest clothes, merchandise and albums or even getting a tattoo to make themselves more alike to their favorite celebrities. (VietNamNews, 2013). Korean pop influences the way teenagers' values music, dance, drama series and fashion, this is because K-Wave is becoming more mainstream in the society, Korean Drama are played and dubbed in other countries language because of fans request. In Cambodia, Korean fashion, music and reality shows are all a part of Cambodian youth culture and have spread throughout the country with the help of the Internet (Nida, 2015). According to Hong-Mercier (2013) the Korean pop culture uses the quality-oriented approach to not only narrowly define the cultural practices of the Korean wave in terms of a Western standard of quality. Since the Japanese came to the Philippines, their notable influence on Filipino culture has been in technology – such as videoke, cameras, appliances etc. therefore when it comes to buying this such as appliances and gadgets, Filipinos prefer Japan made because they are sure that 'Japanese technology is the best' (Fingleton, 2015).

Food consumption

Creolization of cuisines takes place in small regional contexts and always depend on geographical situations and historical developments (Ostendorf, 2003). Cultural imperialism and Creolization are both significant for the analysis of an American influence on Philippine food culture. Since Philippines have been colonized by the Spaniards, Americans and Japanese, we are ought to buy products which alters our culture; they are employing consumer goods to express and forge their own unique cultural identities to us colonies (Howes, 1996). Walt Disney's Mickey Mouse, Hollywood movies, and the NBA as the product of the media power of the US, have been a popular culture of interest (Schiller, 1976). Due to the popular notions such as *Coca-Colonization* and *McDonaldization*, the discussion about cultural imperialism also enters the realm of material culture (Goody, n.d), Coca-cola and McDo are a popular brand in the Philippines and are a symbol for American dominated global capitalism which threatens cultural diversity by spreading a form of standardized culture. Due to the system of standardization McDonald's contributes to the development of a "global culture," (Matthews, 2000), since every country in the world has a McDonald's, it is a trademark of being an American. Foods like hamburgers and hotdogs, that are commonly identified as American have made their way into the Filipino food culture. Fast food establishments are a major hit in almost all parts of the country, because every barangay we go there is a fast food chain that can be found. Canned goods were first introduced in the Philippines by American soldiers who brought these non-perishable food items with them during the Filipino-American War to sustain them during battle.

Influence from famous Personalities

According to Solomon (2009), Celebrity endorsement is a widespread phenomenon today, considering that 20% of advertisements in the United States feature celebrities, that is why companies tend to hire popular celebrities to promote and advertise their product so that they can attract consumers and consumers can easily remember and name a product that has been promoted by a celebrity. Scholars Chi, Yeh, & Tsai (2009) said that the effect if consumers happen to be fans of a celebrity endorsing the product, they place a higher value on products that celebrities are endorsing, because the more the celebrity who endorse the product have many fans, the higher the sales will be buys fans will buy it. According to the research conducted by the Telegraph, 'One in four teenagers admit they are more influenced by celebrities than people they know', they are influenced mostly by musicians, athletes' actors and actress (Telegraph, 2009). Celebrities are the role model of teenagers especially

the females (Fairclough, 2015) because teenagers identify themselves with celebrities Kendall Jenner and Gigi Hadid that they try to follow and copy them as to fit in the society standards when it comes to choosing the clothes they wore. Hsu and McDonald (2002) said that marketers choose to make use of the multiple celebrities to promote their products. Teenagers admire their favorite celebrities and admire what they do through their appearance and clothing styles, they can follow them on Twitter and Instagram and by following them, teenagers decide to imitate the brand and choice of clothing the celebrity wore. (Hsu, 2013).

Roll (2014) explained that for a product to have its own differentiation among other product and to developed the brand image in a market with intense competitions through local, regional or international brands, a celebrity should endorse it. For the endorsement to be effective, there should exist a symbolic match between the celebrity image and the brand image (McCracken, 1989). For a product being advertised to be effective, the product message and the celebrity image should be a match (Kamins and Gupta, 1990). The endorser should also be able to fulfil the objectives of familiarity, relevance, esteem and differentiation. (Lalwani, 2006).

Many brands have been represented by celebrities for a very long time now; as soon as a new celebrity is born marketers tend to persuade them to endorse their brand (Warren, 2007). Celebrity attractiveness is best suitable to appeal consumer awareness (Freiden, 1984) because no one wants to buy a product that has been endorse by a nobody. According to Creswell (2008) an example of successful usage of celebrity endorsement Nicole Kidman with the luxury brand Chanel, that their sales boost within 30%. Scholars Chung, Dardenger & Srinivasan (2013) explained the correlation between celebrity endorsement and the effect it has on sales is an important discussion because it is a part of the marketing strategies of the organization. Maddux & Rogers (1980) said that expert recommends that endorser' image and trustable persuasion are the ways to attract consumers.

Celebrities' popularity, expertise, and attractiveness can be appealing to the consumers and might increase their purchase intention (Chi, Yeh, and Tsai, 2009). According to Anand, Holbrook, and Stephens (1988), and Laroche, Kim, and Zhou (1996) the more the consumer is exposed to the endorsers advertisement, the more the consumer preference and attitude and promote purchase intention will increase. The one that will promote the product can give an endorsed product a brand-new image and advance consumer purchase intention (MacInnis, Roa, and Weiss, 2002) using celebrities in advertisements makes it easier to stand out and increase the attention for the brands. Celebrity makes the product much easier to be sold than having a spokesperson do all the advertisement since, a celebrity has many fans (Erdogan, 1999). Consumers can easily remember a certain product if it is being endorse by a celebrity endorser in an advertisement and that it increases purchase intentions (Hunter, 2010). A popular celebrity can give the product and brand its personality and appeal. It is a strategic tool if a company wants to generate effective public recognition for a product or brand (Dickenson, 1996). A celebrity can boost a products popularity when it comes to entering foreign markets (Mooij, 1994) since a global celebrity who is famous worldwide can caught fans attention towards the product that can help overcome the cultural challenges for a firm in a new market

The attractiveness model theory according to McGuire (1985) is not all about the physical attractiveness of the endorser, it is also about the effectiveness of the message which depends on the similarity, likeability and familiarity that the receiver feels towards the endorser. Similarity is about the resemblance between the source and the receiver, likeability is about the devotion for a source depending on his/her behaviour and physical attractiveness, and familiarity is about the knowledge a receiver has of the source through previous exposure. Cooper (1984) states that advertisement who includes a famous celebrity as the endorser gives a higher degree of attention, recall rate, attention, and possibly purchase,

compared to the advertisement without celebrities. Evans (1988) coined the phenomenon ‘vampire effect’ where the endorser is the one on the spotlight rather than the product.

People buy things if they thought that it matches their identities since they like to think that things are a part of themselves, hence, they transfer the meanings of the product into themselves. (Batra, 1996) if they see themselves as a-like to the one who endorse it the higher the chance that they will buy it. Ohanian (1990) developed a scale with dimensions where it measures celebrity endorser communication effectiveness through expertise, trustworthiness and attractiveness. Even though a celebrity is famous worldwide we can’t be sure that the advertisement of the product will be a major hit to the consumer (Mitka, 2008), if a company uses a popular celebrity to endorse their product and something malicious happened to that celebrity then the sales will go down.

The Current Study

The findings of cited literatures imply the widespread effect of modern colonialization to the brand loyalty of the people not only in the Philippines but also in other countries. With the approach of the other countries when it comes to economics, they used their celebrities to advertise their products so that their fans will favor the brands and boost their sales. This study aims to know if there a relationship between celebrities promoting a product and consumer preference. The findings of this study are expected to contribute to existing literature.

Methodology

Research Design

To gather data from the respondents, the researchers will use quantitative type of paradigm to find the answer to the purpose of this study. As defined by Burns and Groove (1993) a quantitative research is an objective and systematic process to test relationship and analyze the cause and effect among the variables. The researcher would use survey research design. By using the survey design, the researcher would collect data from the participants and their answers on the survey will be interpreted by collecting and analyzing data.

Research Instrument

The researchers will use a standardized questionnaire. 48 items on a four-point Likert scale were adopted from Ohanian (1990) ‘Celebrity Endorsement scale’. According to McBurney (1994), including a basic demographic profile, by using the survey design, the researcher will be assessing the public thoughts or opinion the or individual characteristics of the participants with the use of questionnaire and sampling methods.

Sample and Participant Selection

The target study population of this study consists of accessible participants with an age ranging from 22 years old to 37 years old millennials who are capable of purchasing items, can still be studying or working. No discrimination when it comes to gender or religion. The sample sizes would be 384 based on the population of 12,877,253 computed from a sample size calculator with a margin of error of 5% and a confidence level of 95%. The researcher would be using simple random sampling technique, a type of probability sampling, where the researcher would select a group of subjects (a sample) for study from a larger group (a population). Each individual is chosen entirely by chance and each member of

the population has an equal chance of being included in the sample and every possible sample of a given size has the same chance of selection. (Easton & McColl, n.d).

Data Gathering Procedures

Before starting the gathering procedure, the researcher searched for different types of published standardized test about brand loyalty. After checking and rechecking the standardized questionnaire for errors, it will be transferred to Google Form as a form of survey platform. The questionnaire was transferred to Google Forms so that it will be easier for the participants to access and answer it. The questionnaire can be answered by using the four-point Likert scale. The research would have to gather 384 sample size participants but would need 400 participants to prevent any possible spoiled instrument. The participants are given five to ten minutes to finish answering the survey and after they have finish if they want to view the result they can contact the researcher. They are asked to put their age, sex, income in the socio-demographic profile and answer the Likert scale questionnaires by clicking their preferred answer. To gather participants to answer the survey, the researcher would have to ask the help of her friends in disseminating the link. The link will be either posted or emailed to their accounts privately as a direct message. After closing the survey if the desired amount of participant is achieved, the researcher would get an excel type of copy of the results and input it in the SPSS and use inferential statistics to get the needed data and results.

Data Analysis

The data gathered from the participants was analyzed with the aid of SPSS, involving the use of multiple regression analysis to find if there is relationship between several independent variables and a dependent variable, which is the relationship between celebrity endorsement towards consumers preference, the analysis to be used is descriptive statistical analysis. This is to perform on the sample groups to obtain a clear understanding of the population.

Reliability

The overall reliability coefficient of the 'Celebrity Endorsement Scale' of the current study that was measured by the use of Cronbach Alpha with a sample of $N=385$ has a score of $\alpha=.93$. The subscales of attractiveness subscale consisted of 10-items ($\alpha=.91$), the credibility subscale consisted of 10-items ($\alpha=.91$), expertise subscale consisted of 10-items ($\alpha=.88$), the celebrity congruence to the brand subscale with 10-items ($\alpha=.84$) and the purchase intention subscale with 8-items ($\alpha=.80$).

Validity

The 'Celebrity Endorsement Scale' was re-validated by professionals to evaluate the given scale in terms of its accuracy and relevance to the chosen topic and participants. They were provided the over-all scale with sections wherein they could give their comments and approval on every statement on each dimension included in the scale.

Research Ethics

To conduct this research, the researchers would base their ethics on the APA manual, including the rights and confidentiality of the research participants where the researcher would have to obtain their consent before starting the survey and their answer will be all be confidential and only the research would be allowed to review them. Plagiarism and self-

plagiarism, where the researcher properly gave the authors their proper citations on the statements.

Results

A. Frequency Analysis

Table 1

Frequency Analysis for the birth year of the Participants

Birth Year	N=385	Frequency Percent
1981	2	0.5%
1982	4	1.0%
1983	2	0.5%
1984	3	0.8%
1985	4	1.0%
1986	2	0.5%
1987	14	3.6%
1988	12	3.1%
1989	24	6.2%
1990	37	9.6%
1991	41	10.6%
1992	47	12.2%
1993	39	10.1%
1994	46	11.9%
1995	46	11.9%
1996	62	16.1%

According to the Pew Research Center (2018) the birth year range for Millennials are between 1981 to 1996. The Millennial year with the greatest number of participants are in the year 1996 with a N=62 (16.1%) and least number of participants are born in the year 1981, 1983 and 1986 with a N=2 (0.5%). Many researches used the year 1980 to 1995 (PWC, 2013) and 1980 to 1996 (MSW Research, 2015) as the birth year for Millennials, but the researchers used the Pew Research Center's year range because it's the updated version.

Table 2

Frequency Analysis for the Educational Attainment of the Participants

Educational Attainment	N=385	Percentage
Grade School Graduate	1	0.3%
High School Level	9	2.3%
High School Graduate	22	5.7%
College Level	119	30.8%
College Graduate	231	59.8%
MA or PhD	3	0.8%

231 or (59.8%) of the respondents are College Graduate and the least number of respondents is a Grade School Graduate (0.3%).

Table 3

Frequency Analysis for the question 'Are you already working / has a job?' of the Participants

Are you still working/has a job?	N=385	Percentage
YES	279	72.5%
NO	106	27.5%

279 or (72.5%) of the respondents answered that YES, they are already working, while the remaining 106 respondents have answered NO.

Table 4

Frequency Analysis for the question 'Are you still enrolled in any school program?' of the Participants

Are you still enrolled in any school program?	N=385	Percentage
YES	44	11.4%
NO	341	88.6%

341 or (88.6%) of the respondents answered *NO*, while the remaining 44 respondents have answered *YES*, they are still enrolled in a school program.

B. Correlation Matrix

Table 5

Mean Scores, Standard Deviation and Correlation (Filipino Celebrities)

	Mean	S.D	CA	CC	CE	CCB
CA	1.82	0.62				
CC	1.96	0.61	.753**			
CE	1.97	0.57	.716**	.814**		
CCB	2.15	0.48	.475**	.498**	.489**	
Purchase.Int	2.63	0.49	-.426**	-.434**	-.395**	-.425**

N=385 ** Correlation is significant at the $p < 0.01$ level

Table 6

Mean Scores, Standard Deviation and Correlation (Foreign Celebrities)

	Mean	S.D	CA	CC	CE	CCB
CA	1.70	0.59				
CC	1.86	0.56	.672**			
CE	1.83	0.53	.698**	.792**		
CCB	1.98	0.44	.407**	.417**	.441**	
Purchase.Int	2.78	0.48	-.415**	-.349**	-.366**	-.428**

N=385 ** Correlation is significant at the $p < 0.01$ level

Correlation Analysis Indicates that attractiveness of Filipino celebrities has moderate negative but significant relationship (-.426**, $p < .01$) on purchase intention than that of Foreign celebrities which has also a moderate negative but significant relationship (-.415**, $p < .01$). For celebrity credibility, Filipino celebrities has a moderate negative but significant relationship (-.434**, $p < .01$) on purchase intention than that of Foreign celebrities which has weak negative but significant relationship (-.349**, $p < .01$). Both Filipino and Foreign Celebrity for celebrity expertise have weak and negative correlation with purchase intention: Filipino (-.395**, $p < .01$) and for Foreign (-.366**, $p < .01$). Celebrity Congruity has moderate and negative significant correlation for Foreign (-.428**, $p < .01$) and Filipino (-.425**, $p < .01$).

C. Regression Analysis

Table 7

Results of Regression Analysis (Filipino Celebrities)

Predictors:	Purchase Intention		
	B	R ²	ΔR2
CELEBRITY ATTRACTIVE	-.06		
CELEBRITY CREDIBILITY	-.213		
CELEBRITY EXPERTISE	.002		

CONGRUENCY TO BRAND	-.166	.185	.176
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Table 8

Results of Regression Analysis (Foreign Celebrities)

Predictors:	Purchase Intention		
	B	R ²	ΔR ²
CELEBRITY ATTRACTIVE	-.19		
CELEBRITY CREDIBILITY	.057		
CELEBRITY EXPERTISE	-.077		
CONGRUENCY TO BRAND	-.291	.193	.184

Celebrity Attractiveness

Multiple regression was performed to test all the independent variables and their effect on dependent variable result shows that as far as attractiveness is concerned Filipino celebrities has negative and insignificant purchase intent ($\beta = -.06$) and for Foreign celebrities ($\beta = -.19$) which is also a negative and insignificant purchase intent. With this result, the study of the researchers Kahle and Homer (1985) which says that “*a celebrity who is attractive produce more higher purchase intention and creates a positive attitude toward the endorsement*” and Freidman’s (1984) research finding “*celebrity attractiveness is best suitable to appeal consumer awareness*” proves to be invalid, because attractiveness is insignificant in correlation to purchase intention.

Table 9

Mean Scores and Standard Deviation of Celebrity Attractiveness items of Millennial Respondents

	Mean Scores	S.D	Minimum	Maximum
FilCA1	1.62	0.615	1.00	4.00
FilCA2	1.98	0.782	1.00	4.00
FilCA3	1.61	0.608	1.00	4.00
FilCA4	1.94	0.744	1.00	4.00
FilCA5	1.96	0.785	1.00	4.00
ForCA1	1.49	0.600	1.00	4.00
ForCA2	1.82	0.696	1.00	4.00
ForCA3	1.49	0.573	1.00	4.00
ForCA4	1.82	0.690	1.00	4.00
ForCA5	1.88	0.728	1.00	4.00

According to the results of Millennials who participated in the research survey, the mean score of FilCA2 got the highest mean. 48.3% of respondents answered that they *agree* that Filipino Celebrities are *classy*. And ForCA1 and ForCA3 got the lowest mean. The item ForCA3, 0.3% of respondents have answered that they *strongly disagree* that Foreign celebrities are *beautiful*.

Celebrity Credibility

The results of regression for Foreign celebrities shows positive and significant results ($\beta = 0.57$) and negative and insignificant purchase intent for Filipino Celebrities ($\beta = -.21$). Based on Maddux & Rogers (1980) study that says *expert recommends that endorser’ image and trustable persuasion are the ways to attract consumers*, one of the factors of being

celebrity credibility is being trustworthy, and millennials think that Foreign celebrities are more credible than Filipino celebrities.

Table 10

Mean Scores and Standard Deviation of Celebrity Credibility items of Millennial respondents

	Mean Scores	S.D	Minimum	Maximum
FilCC1	2.10	0.793	1.00	4.00
FilCC2	1.86	0.674	1.00	4.00
FilCC3	1.95	0.701	1.00	4.00
FilCC4	1.93	0.707	1.00	4.00
FilCC5	1.96	0.717	1.00	4.00
ForCC1	2.05	0.706	1.00	4.00
ForCC2	1.73	0.684	1.00	4.00
ForCC3	1.82	0.677	1.00	4.00
ForCC4	1.82	0.670	1.00	4.00
ForCC5	1.89	0.664	1.00	4.00

According to the results of Millennials who participated in the research survey, the mean score of FilCC1 got the highest mean. 44.9% of respondents answered that they *agree* that Filipino Celebrities are *dependable*. And ForCC2 got the lowest mean. The item ForCC2, 1.3% of respondents have answered that they *strongly disagree* that Foreign celebrities are *honest*.

Celebrity Expertise

Filipino celebrity expertise regression results show positive and significant ($\beta=.002$) impact on purchase intention in comparison with Foreign Celebrities where ($B= -.077$) is negative and insignificant purchase intent. Therefore, Filipino celebrities are considered to be more and knowledge than Foreign celebrities thus positive influence on purchase intention.

Table 11

Mean Scores and Standard Deviation of Celebrity Expertise items of Millennial respondents

	Mean Scores	S.D	Minimum	Maximum
FilCE1	2.37	0.862	1.00	4.00
FilCE2	1.68	0.624	1.00	4.00
FilCE3	1.96	0.715	1.00	4.00
FilCE4	1.80	0.632	1.00	4.00
FilCE5	2.04	0.751	1.00	4.00
ForCE1	2.21	0.757	1.00	4.00
ForCE2	1.56	0.589	1.00	4.00
ForCE3	1.86	0.660	1.00	4.00
ForCE4	1.64	0.623	1.00	4.00
ForCE5	1.89	0.681	1.00	4.00

According to the results of Millennials who participated in the research survey, the mean score of FilCE1 got the highest mean. 37.9% of respondents answered that they *agree* that Filipino Celebrities are *expert*. And ForCE2 got the lowest mean. The item ForCE2, 0.3% of respondents have answered that they *strongly disagree* that Foreign celebrities are *experienced*.

Celebrity Congruence

In order to analyze matchup principle of celebrity with brand endorsing, Filipino celebrities have negative and insignificant effect on intent to purchase ($\beta = -.166$) and same for Foreign celebrities ($\beta = -.291$) negative and insignificant relation exists. According to the researches of McCracken (1989), *there should exist a symbolic match between the celebrity image and the brand image* and Batra (1996) *people buy things if they thought that it matches their identities since they like to think that things are a part of themselves, hence, they transfer the meanings of the product into themselves*, that if they see themselves as a-like to the one who endorses it the higher the chance that they will buy it. A match between the endorser and the brand should exist for the endorsement to be effective.

Table 12

Mean Scores and Standard Deviation of Celebrity Congruency to the Brand items of Millennial respondents

	Mean Scores	S.D	Minimum	Maximum
FilCCB1	1.61	0.530	1.00	3.00
FilCCB2	2.08	0.547	1.00	4.00
FilCCB3	2.16	0.576	1.00	4.00
FilCCB4	2.36	0.690	1.00	4.00
FilCCB5	2.54	0.822	1.00	4.00
ForCCB1	1.67	0.581	1.00	4.00
ForCCB2	1.92	0.483	1.00	4.00
ForCCB3	1.98	0.535	1.00	4.00
ForCCB4	2.11	0.617	1.00	4.00
ForCCB5	2.21	0.682	1.00	4.00

According to the results of Millennials who participated in the research survey, the mean score of FilCCB5 got the highest mean. 47.3% of respondents answered that they think Filipino Celebrities are *moderately believable*. And FilCCB1 got the lowest mean. The item FilCCB1, 0% of respondents have answered that they are *not familiar* with the Filipino celebrity.

DISCUSSION

The primary purpose of the study was to determine if there is a connection between celebrities promoting a product and consumer preference. In this study, marketer use celebrity endorser or celebrities as a form of marketing strategies in which it is the persuasive element in marketing (Awasthi, 2015). Based on the result, the highest congruency for the Filipino celebrities is the relationship of celebrities' attractiveness and credibility while celebrities' attractiveness and celebrities' congruency are the lowest. For the foreign celebrities, the celebrities' credibility and expertise has the highest congruency while the celebrities' attractiveness and congruency are the lowest. As for celebrity attractiveness moderate negative but significant relationship is found in both Filipino celebrities and foreign celebrities and on purchase intention. The main reason behind this is that consumers focus more on the brand itself not the endorser. Another reason is those consumers are quality conscious. For the celebrities' credibility of the study, the result of regression for foreign celebrities shows positive and significant result while negative and insignificant for Filipino celebrities this indicates that the consumer considers that foreign celebrities are more credible than Filipino celebrities. (support). The celebrity expertise, based on the result, Filipino celebrities are considered to be more expert than foreign celebrities. The basic reason behind this is due to belongingness to the same country. For the last dimension celebrity Congruence, both Filipino and foreign celebrities have negative and insignificant effect on

intent to purchase. This suggest that the consumer think that they are both moderately believable because the consumer knows that it's the brand that is important than the celebrity endorsing it, and also due to strong familiarity of people with the brand, they are not much inspired by the celebrities but they care more about the quality and affiliation with product.

Recommendation

To future researchers, they must have a sample size bigger than the sample size used in this research to achieve better results. To the participants, avoid being biased when rating a celebrity when it comes to their credibility, expertise and congruency towards the brand. To the company, they should focus on the quality of their product instead of their marketing strategy by using celebrity to promote their product.

Conclusion

Even if the celebrity who endorses the brand is not that famous, the brand itself can attract many consumers, because they have established a strong reputation to their brand. Companies doesn't have to hire expensive endorser to promote their brand. Although Filipinos are known for having colonial mentality, based on the results presented above, with just a few discrepancies in the scores, Filipino prefers local celebrity endorser than foreign celebrity endorser.

Appendices

Scales' Overall Cronbach Alpha

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.933	.932	48

KMO & Bartlett's Test

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.911
Approx. Chi-Square	16805.896
Bartlett's Test of Sphericity	df
	1128
Sig.	.000

Sample Size Calculator

Determine Sample Size

Confidence Level: ☒ 95% ☐ 99%

Confidence Interval:

Population:

Sample size needed:

Spearman's Correlation Matrix (Filipino Celebrities)

			FilCA	FilCC	FilCE	FilCCB	FilPurIntMean
Spearman's rho	FilCA	Correlation Coefficient	1.000	.753**	.716**	.475**	-.426**
		Sig. (2-tailed)	.	.000	.000	.000	.000
		N	385	385	385	385	385
	FilCC	Correlation Coefficient	.753**	1.000	.814**	.498**	-.434**
		Sig. (2-tailed)	.000	.	.000	.000	.000
		N	385	385	385	385	385
	FilCE	Correlation Coefficient	.716**	.814**	1.000	.489**	-.395**
		Sig. (2-tailed)	.000	.000	.	.000	.000
		N	385	385	385	385	385
	FilCCB	Correlation Coefficient	.475**	.498**	.489**	1.000	-.425**
		Sig. (2-tailed)	.000	.000	.000	.	.000
		N	385	385	385	385	385
	FilPurIntMean	Correlation Coefficient	-.426**	-.434**	-.395**	-.425**	1.000
		Sig. (2-tailed)	.000	.000	.000	.000	.
		N	385	385	385	385	385

** . Correlation is significant at the 0.01 level (2-tailed).

Spearman's Correlation Matrix (Foreign Celebrities)

Correlations

			ForCA	ForCC	ForCE	ForCCB	ForPurIntMean
Spearman's rho	ForCA	Correlation Coefficient	1.000	.672**	.698**	.407**	-.415**
		Sig. (2-tailed)	.	.000	.000	.000	.000
		N	385	385	385	385	385
	ForCC	Correlation Coefficient	.672**	1.000	.792**	.417**	-.349**
		Sig. (2-tailed)	.000	.	.000	.000	.000
		N	385	385	385	385	385
	ForCE	Correlation Coefficient	.698**	.792**	1.000	.441**	-.366**
		Sig. (2-tailed)	.000	.000	.	.000	.000
		N	385	385	385	385	385
	ForCCB	Correlation Coefficient	.407**	.417**	.441**	1.000	-.428**
		Sig. (2-tailed)	.000	.000	.000	.	.000
		N	385	385	385	385	385
	ForPurIntMean	Correlation Coefficient	-.415**	-.349**	-.366**	-.428**	1.000
		Sig. (2-tailed)	.000	.000	.000	.000	.
		N	385	385	385	385	385

** . Correlation is significant at the 0.01 level (2-tailed).

Mean Scores, Standard Deviation and Minimum and Maximum Scores

Mean	S.D	Minimum	Maximum
------	-----	---------	---------

Scores				
FilCA1	1.62	0.615	1.00	4.00
FilCA2	1.98	0.782	1.00	4.00
FilCA3	1.61	0.608	1.00	4.00
FilCA4	1.94	0.744	1.00	4.00
FilCA5	1.96	0.785	1.00	4.00
FilCC1	2.10	0.793	1.00	4.00
FilCC2	1.86	0.674	1.00	4.00
FilCC3	1.95	0.701	1.00	4.00
FilCC4	1.93	0.707	1.00	4.00
FilCC5	1.96	0.717	1.00	4.00
FilCE1	2.37	0.862	1.00	4.00
FilCE2	1.68	0.624	1.00	4.00
FilCE3	1.96	0.715	1.00	4.00
FilCE4	1.80	0.632	1.00	4.00
FilCE5	2.04	0.751	1.00	4.00
FilCCB1	1.61	0.530	1.00	3.00
FilCCB2	2.08	0.547	1.00	4.00
FilCCB3	2.16	0.576	1.00	4.00
FilCCB4	2.36	0.690	1.00	4.00
FilCCB5	2.54	0.822	1.00	4.00
Fil.Pur.Int	3.04	0.600	1.00	4.00
Fil.Try	2.82	0.633	1.00	4.00
Fil.Seek-out	2.30	0.699	1.00	4.00
Fil.Encourage	2.36	0.762	1.00	4.00
ForCA1	1.49	0.600	1.00	4.00
ForCA2	1.82	0.696	1.00	4.00
ForCA3	1.49	0.573	1.00	4.00
ForCA4	1.82	0.690	1.00	4.00
ForCA5	1.88	0.728	1.00	4.00
ForCC1	2.05	0.706	1.00	4.00
ForCC2	1.73	0.684	1.00	4.00
ForCC3	1.82	0.677	1.00	4.00
ForCC4	1.82	0.670	1.00	4.00
ForCC5	1.89	0.664	1.00	4.00
ForCE1	2.21	0.757	1.00	4.00
ForCE2	1.56	0.589	1.00	4.00
ForCE3	1.86	0.660	1.00	4.00
ForCE4	1.64	0.623	1.00	4.00
ForCE5	1.89	0.681	1.00	4.00
ForCCB1	1.67	0.581	1.00	4.00
ForCCB2	1.92	0.483	1.00	4.00
ForCCB3	1.98	0.535	1.00	4.00
ForCCB4	2.11	0.617	1.00	4.00
ForCCB5	2.21	0.682	1.00	4.00
For.Pur.Int	3.11	0.600	1.00	4.00
For.Try	2.87	0.604	1.00	4.00
For.Seek-out	2.42	0.710	1.00	4.00
For.Encourage	2.72	0.787	1.00	4.00

Research Instrument

Product Endorser associated with Brand Preference of Filipino Millennial

Hi! we are currently working on a research requirement to study about Product Endorser Associated with Brand Preference of Filipino Millennial, we would like to ask 5-10 minutes of your time by

completing the survey, the responses you will provide in the survey will be kept as confidential. Details you will provide (i.e contact information) will be kept private.
Thank you.

Information Consent

We, under Graduate students of Makati Medical Center College, support the practice of protection of human participants in research. The following will provide you with information about the research that will help you in deciding whether or not you wish to participate. If you agree to participate, please be aware that you are free to withdraw at any point throughout the duration of the experiment without any consequence.

In this study, we will ask you to answer the Celebrity Endorsement Scale for five to ten minutes. We made set of qualifications for the participants in this research. The qualification includes Millennial who are capable of purchasing items, who are still studying and/or working. No discrimination when it comes to gender or religion.

When this study is complete you will be provided with the results of the research upon your request, and you will be free to ask any questions. All information will be kept confidential. Furthermore, your name will not be associated with any research findings. We are looking forward for your positive response regarding this undertaking. If you have any further questions concerning this study please feel free to contact us through 09273819192.

Very truly yours,
Angelkhay F. Pesebre
Researcher

Marinie O. Saban
Researcher

 * I have read and understood the above information and had been given the opportunity to consider and ask questions regarding my involvement in this study. I voluntarily agree to participate in the said study.

Personal Information

Birth Year (Millennial Year Range according to Pew Research Center)

<input type="checkbox"/> 1996	<input type="checkbox"/> 1991	<input type="checkbox"/> 1986	<input type="checkbox"/> 1981
<input type="checkbox"/> 1995	<input type="checkbox"/> 1990	<input type="checkbox"/> 1985	
<input type="checkbox"/> 1994	<input type="checkbox"/> 1989	<input type="checkbox"/> 1984	
<input type="checkbox"/> 1993	<input type="checkbox"/> 1988	<input type="checkbox"/> 1983	
<input type="checkbox"/> 1992	<input type="checkbox"/> 1987	<input type="checkbox"/> 1982	

Educational Attainment

<input type="checkbox"/> Grade School Graduate	<input type="checkbox"/> College Level
<input type="checkbox"/> High School Level	<input type="checkbox"/> College Graduate
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> MA or PhD

Are you already working or has a job?

☐ YES ☐ NO

Are you still enrolled in any school program?

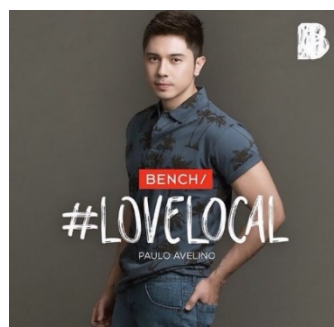
☐ YES ☐ NO

Scale adopted from 'Celebrity Endorsement scale' of (Ohanian,

1990; Kamins and



Samsung by Liza Soberano



Bench by Paulo Avelino 73 3036
ICSP 2019



Head&Shoulders
by Angel Locsin



Coca cola by Alden Richards
and Maine Mendoza

FILIPINO CELEBRITIES

On a scale of 1 to 4, please circle the number that best reflects your feelings towards the celebrity

1- Strongly Agree

3- Disagree

2- Agree

4- Strongly Disagree

CELEBRITY PHYSICAL ATTRACTIVENESS:					
	S.A	A	D.A	S.D	
Attractive	1	2	3	4	Unattractive
Classy	1	2	3	4	Not classy
Beautiful	1	2	3	4	Ugly
Elegant	1	2	3	4	Plain
Sexy	1	2	3	4	Not Sexy
CELEBRITY CREDIBILITY:					
	S.A	A	D.A	S.D	
Dependable	1	2	3	4	Not dependable
Honest	1	2	3	4	Dishonest
Reliable	1	2	3	4	Unreliable
Sincere	1	2	3	4	Insincere
Trustworthy	1	2	3	4	Not trustworthy
CELEBRITY EXPERTISE:					
	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert
Experienced	1	2	3	4	Not experienced
Knowledgeable	1	2	3	4	Unknowledgeable
Qualified	1	2	3	4	Unqualified
Skilled	1	2	3	4	Unskilled

On a scale of 1 to 4, please circle the number that best reflects your feelings towards the following questions pertaining to the **CONGRUENCY BETWEEN THE CELEBRITY AND THE BRAND.**

1.How familiar are you with the celebrities who appeared in the ad/s?

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

2. How compatible is the image of the celebrities with the brand they are endorsing?

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

3.Do you think the brand is a good fit for the celebrity to endorse?

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

4.How believable is the celebrity endorsing the brand?

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

5.How believable is the celebrities that they are using the products being endorsed?

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

On a scale of 1 to 4, with 1 being "very unlikely" and 4 being "very likely", circle the number that best reflects your feelings towards the following questions pertaining to your intention to buy this product.

A) How likely are you to purchase the product	1	2	3	4
B) How likely are you to try the product/s on if seen in a store	1	2	3	4
C) How likely and actively you seek out the product/s in the store	1	2	3	4
D) Does the presence of celebrity in ad encourage you to buy the product	1	2	3	4

Scale adopted from 'Celebrity Endorsement scale' of (Ohanian, 1990; Kamins and Gupta, 1994; Khale and



Samsung by Park Bo Gum



Bench by Cole Sprouse



Head&Shoulders
by Sandara Park



Coca cola by BTS /
Bangtan Boys

FOREIGN CELEBRITIES

On a scale of 1 to 4, please circle the number that best reflects your feelings towards the celebrity

1- Strongly Agree

3- Disagree

2- Agree

4- Strongly Disagree

CELEBRITY PHYSICAL ATTRACTIVENESS:					
	S.A	A	D.A	S.D	
Attractive	1	2	3	4	Unattractive
Classy	1	2	3	4	Not classy
Beautiful	1	2	3	4	Ugly
Elegant	1	2	3	4	Plain
Sexy	1	2	3	4	Not Sexy
CELEBRITY CREDIBILITY:					
	S.A	A	D.A	S.D	
Dependable	1	2	3	4	Not dependable
Honest	1	2	3	4	Dishonest
Reliable	1	2	3	4	Unreliable
Sincere	1	2	3	4	Insincere
Trustworthy	1	2	3	4	Not trustworthy
CELEBRITY EXPERTISE:					
	.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert
Experienced	1	2	3	4	Not experienced
Knowledgeable	1	2	3	4	Unknowledgeable
Qualified	1	2	3	4	Unqualified
Skilled	1	2	3	4	Unskilled

On a scale of 1 to 4, please circle the number that best reflects your feelings towards the following questions pertaining to the **CONGRUENCY BETWEEN THE CELEBRITY AND THE BRAND**.

1. How familiar are you with the celebrities who appeared in the ad/s

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

2. How compatible is the image of the celebrities with the brand they are endorsing?

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

3. Do you think the brand is a good fit for the celebrity to endorse?

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

4. How believable is the celebrity endorsing the brand?

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

5. How believable is the celebrities that they are using the products being endorsed?

	S.A	A	D.A	S.D	
Expert	1	2	3	4	Not Expert

On a scale of 1 to 4, with 1 being "very unlikely" and 4 being "very likely", circle the number that best reflects your feelings towards the following questions pertaining to your intention to buy this product.

A) How likely are you to purchase the product	1	2	3	4
B) How likely are you to try the product on if seen in a store	1	2	3	4
C) How likely and actively you seek out the product in the store	1	2	3	4
D) Does the presence of celebrity in ad encourage you to buy the product	1	2	3	4

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Spiritual Health – New Paradigms in Our Understanding of Spirituality and Health.

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Brief Introduction of Author – Dr. Mahesh Bhatt is a surgeon, author, writer, health, and healthcare management expert with more than 23 years of experience. For last few years he has a substantial shift towards the research activities in Spirituality and Spiritual Health. The focus of his research is on defining spirituality in the ecosystem of human thoughts, its relationship with religious, scientific, cultural, and philosophic thoughts aiming at its role in preventive, promotive, and curative aspects of physical, mental and social health.

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Abstract :

According to the widely accepted definition of human health by WHO which says, “Health is a state of complete physical, mental, and social wellbeing and not merely an absence of disease or infirmity.” This definition is criticized because of its incomplete nature, so few more dimensions are added to it by healthcare experts, Spiritual Health is now widely accepted as the fourth and vital dimension of human health.

We have many definitions of the Spirituality, it is directly connected to ‘Spirit’ or ‘Soul’ or directly or indirectly connected to the religions, belief systems, and faith it makes it complex to define and complicated to understand.

‘Spiritual Health’ needs to understand the ecosystem of complex human thought processes and effect of resulting thoughts like religious, scientific, cultural, and philosophic on the physical, mental and social dimensions of human health and it is not possible without a proper understanding of spirituality. The evolved thoughts, which we call positive thoughts or thoughts of humanity and human values or thoughts of existence and propagation of life in all forms on earth, can be called as the ‘Spiritual Thoughts’ and ‘Spirituality’ for all practical purposes.

Key Words – Spirituality, Spiritual Health, Health, Wellbeing, Thought Process, Thoughts, Happiness,

Introduction – Widely accepted definition of the human health proposed by WHO in its preamble in 1948, which states health as a “A state of complete physical, mental, and social wellbeing and not merely an absence of disease or infirmity” has criticized by healthcare experts mainly because of its inadequacy of defining all the dimensions of human health. Therefore, many other aspects of health are considered essential for human health; Spiritual Health is widely acclaimed as the fourth dimension of human health since it directly affects the physical, mental, and social health of individuals and communities.

Spirituality is directly or indirectly connected to the religions and belief systems, with various definitions, mostly based on belief systems and considerations like ‘Spirit’ and ‘Soul’ which make it complex to define and complicated to understand, but one thing for sure is that it is highly evolved human thought. Spiritual health is all about the effects of highly developed thoughts on our physical, mental and social health at the individual, community, national, international and global levels.

Study Design, Material, and Methods – We took considerations of the keywords of ‘Spirituality’; ‘Spirituality in (different) Religions’; ‘Spirituality in (various) Cultures’ and a random study of meanings of spirituality in available material on the internet on different online and offline platforms, especially Wikipedia. We analyzed the available online information regarding defining spirituality as our first step in determining spiritual health and the role of human thoughts in human health.

Discussion – On comparing available information on the internet and analyzing them we can say Spirituality is a human thought like all other thoughts, and still it is evolving. We can find the strong view of connecting of spirituality and religions; it started transforming after 15th century with the advent of the scientific revolution, where scientific thought process started taking a central role in the collective human thought processes. The relationship between spirituality and religions also find newer dimensions after increasing interactions and understandings between eastern and western philosophies. Scientific and industrial revolutions provide answers to many questions and fears of human survival and existence of life on earth, which were earlier in the domains of gods, religions, and religious practices.

In 19th and 20th centuries, the spiritual thought gradually being considered as an evolved thought of human brain, it started being perceived as a different thought all together by many thinkers and philosophers from the religious view. It is evident by rapidly changing ways of defining spirituality in the available information on the internet on this subject. Whereas it used to be in the domains of religious thinking in the medieval period of human history, spirituality was being considered something different from religious thinking in the 20th century proves that spirituality is a diverse and evolving thought of humanity. It was almost like the evolution of scientific thought process with a view of rationality based on facts evolved from religious philosophies where rationality and facts were centralized into gods, religious beliefs, and supernatural powers.

Therefore, spirituality is appeared coming out from the domain of supernatural powers, religious philosophies, and belief systems to the more scientific descriptions of the existence

of life and its reality beyond the physicality of biology. When we analyzed various definitions of spirituality available, it was apparent that almost all definitions were merely focused on only three things, first 'Spirit' or 'Soul'; second existence of 'Self' or 'Life'; and third 'Truth' with various ways of expressions. Interestingly all available definitions have overlapping, and all are focused on the betterment, enrichment, and enlightenment of human life. If we think regarding the improvement and happiness of human life, these thoughts which makes the concepts of humanity and human values, are positive thoughts. All the thoughts in human brain because of evolution in our biochemistry created a mechanism to release some biochemicals which have a good effect or healthy effect on our physiology, means they make us happy, relieve our stress, develop a sense of overall wellbeing, in all creating positive health.

All human thought processes are the evolved form of animal thoughts of survival of a species. In the mammalian world, the thoughts of survival revolve around basic emotions of Fear, Fight, Flight, and Sex and most human thoughts also evolved around these basic animal thoughts. In the evolutionary process all evolved human thoughts of religion, cultures, science, and philosophy have their routes in basic animal thoughts, so whereas religious ideas help in decreasing our fears of adversities and death, it also strengthens our ability to fight or justify our flight, so, we created gods, ways of worship, supernatural powers in demons and gods, etc. But all thoughts in human thought ecosystem have unique characteristics as well. As scientific thought process has a significant component of rationality and facts while religious thoughts have a substantial part of faith and belief.

Evolution of thoughts also affect human biochemistry in positive and negative ways, though it is basically like other mammals, we have more developed biochemical mechanisms to respond the positive thoughts. It is reasonable to say that positive thoughts are those thoughts which improve our health, wellbeing, happiness in human life, which we also call Humanity and Human Values. These thoughts are also evolving in the past and present centuries, by creating various views of humanism, where every idea of protecting humanity and human values is considered positive. But in the second half of 20th century, the positive human thoughts are going beyond the human existence; now we are talking about life on earth, we are more concern about the environment, climate change, and conservation of nature. It has the apparent influence of the scientific theories like quantum physics and theories of evolution which define the complex relationships of mass and energy and evolution of life out of them with universe and cosmos.

Science and technology have got a more substantial impact on our thought processes of religion, culture, philosophy, and spirituality in the last century. So, now we know that human beings feel happy and wellbeing in their belief systems because their biochemistry is releasing dopamine, endorphins, and serotonin with a sense of good doing in their value system rather than some god or supernatural power is happy to bless them with happiness. Physiologists have proved it that with positive thoughts (thoughts of humanity and human values) make us happy with a sense of wellbeing and improve our health.

With this discussion, we can say that all the positive thoughts among all kind of various thought processes of religion, culture, science, and philosophy are spiritual thoughts or part of spirituality, and this makes the common component of all thoughts. Though the more significant part of different religions is created by their rituals, gods, practices, and ways of worship which give them identity and separate them from one another, the basics like all religions teach happiness, love, tolerance, and self-improvement, will remain the same across the ecosystem of the human religious thoughts. It helps in creating communication and controlling and correcting mechanisms and understanding between the beliefs across the cultures, societies, and nations globally. We are saying this because our review of various sources (online and offline) for defining spirituality brings us to the same platform, with knowing our self, knowing the truth, realizing our existence beyond our physical body, improvement, and enlightenment of our self with love and compassion, etc. Interestingly all the religions, cultures, and philosophies including science have the same primary goals as spirituality with their approaches.

To make things simpler, we can consider these three examples -

Example 1 - A person going to a religious place and a doctor for a mental health problem will receive two different solution one based on his belief and another based on scientific knowledge with one single aim 'to eliminate or reduce his sufferings.'

Example 2 – Two persons of two different beliefs with similar mental health problem go to their religious places and a doctor (as in above example), both will receive different remedy by their religious beliefs, but the medicines prescribed by the doctor will be same for both.

Example 3 – Two persons living in two different cultures and belief systems have their ideas of demons will remain unaffected by the demon of another belief system (it may be possible that a demon or bad power of a belief system or culture may be a good power in another belief system). But a weapon (invention of science) will be equally harmful (or helpful) for both.

With these three examples, we can understand that all other thoughts except spiritual thoughts have specific negative thoughts. Negative thoughts are those thoughts which are harmful to humanity and human values, meaning harmful for human existence means harmful for life in all forms. Since, all the thoughts of religions, cultures, philosophies, and science have their origin in thoughts of survival of mammalian brain in the animal kingdom, so, they also have conflicting thoughts or killer thoughts as well, which we call negative thoughts of hatred, intolerance, violence, etc. Spiritual thoughts are superior thoughts, and we do not find the harmful negative thoughts here. Now it is reasonable to say that all positive thoughts in religions, cultures, philosophies, and science are 'Spiritual Thoughts' or 'Spirituality.'

With the above simplistic approach, we can decrease the complexity created in defining spirituality and make it easy to understand. Spiritual Health can be defined as "A state of complete balance of our thoughts (religious, cultural, philosophic, and scientific, etc.) for our physical, mental, and social health and wellbeing." We have studies showing the excellent effect of positive thoughts on our health, happiness, and wellbeing. Spirituality is composed

of purely positive thoughts. Hence it acts as the guiding, correcting and controlling force among all human thoughts. The spiritual thought process is evolved thought process, so, it appeared late on the timeline of the evolutionary process of human thoughts with evolved biochemistry which responds with the release of biochemicals which have all good effects on human physiology. Hence it appeared late in human life as well. We can say that human beings are in continuous search of spirituality and in this process, they follow religions, gurus, beliefs, and philosophies including science. It is something to strive for complex questions of the existence of life and its survival, something for happiness and bliss. Therefore, it has strong implications for human health.

Conclusion -

The concept of health is a positive human thought; it is directly affected by the individual and collective human thought processes, it has social, cultural, philosophic, environmental, and scientific considerations with national, international, and global implications. Religions, faith, and belief systems make a significant impact on shaping our social and mental health. Though most of the human thought processes evolved from three basic thoughts of survival in the mammalian world, those are thoughts of Fear, Fight, Flight, and Sex but Spiritual Thoughts are highly evolved thoughts in the ecosystem of all human thoughts of religions, cultures, science, and philosophies. The spiritual thought process has guiding, correcting, and controlling characters, so it alters and regulates the negative thoughts in the ecosystem of the human thoughts, it also potentiates the positive thoughts and even transforms negative thoughts in positive thoughts, so, it is necessary to perceive the spirituality with clarity. Spiritual Health is an essential dimension of human health, and it gives the edge in understanding human health in all three areas of prevention, promotion, and cure with focusing on happiness and wellbeing.

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Spiritual Mind Treatment, Spiritual Healing, and Scalar Wave Energy

Insufficient Cellular Energy & Alternative Cellular Energy Pathways

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Abstract

One can change their life by altering their thoughts. Although scalar energy has always existed, it first entered modern scientific thought in the mid 1800's. Spiritual Mind Treatment is the art, the act, and the science of consciously inducing thought within the Universal Subjectivity, for the purpose of demonstrating that we are surrounded by a Creative Medium which responds to us through a law of correspondence. All power lies within the framework of our consciousness.

The existence of scalar waves was confirmed by Nicola Tesla and later applied in physics by Albert Einstein. Today, we know scalar energy as the Zero Point field and accept the ubiquity of zero-point energy. Entering the twenty-first century we more fully accept the quantum physicist's view of material reality as fields of energy and information, meaning that the human self also may be identified as a matrix of energy and information affected by and affecting the surrounding electrical fields.

The Scalar Wave Energy Technology utilize multiple bio-active fields for optimizing the human system at all levels; physical, emotional, mental and spiritual, and helping it heal by neutralizing ambient electromagnetic frequencies and improving energy at the cellular level.

The use of Scalar Wave Energy plays an important integral in treating Insufficient Cellular Energy (ICE) by using Alternative Cellular Energy Pathways (ACE), for peak performance which includes light and sound therapy. These modalities, which is self-help for the patient using Spiritual Mind Treatments, and the exploration of addressing the emotional/psychological distress in the cells of human bodies and the combining of Energy Psychology and Spirituality.

The presentation describes Science of Mind Principles, techniques, and the use of Spiritual Mind Treatments, and the Scalar Wave Energy System provides its exciting results of personal healing and regeneration.

Dr. Ayin Adams is a Doctor of Divinity and a Metaphysician who engages in the treatment of physical and mental ailments and conditions using Spiritual Mind Treatments in the capacity of a Metaphysician. Dr. Adams is with the International Metaphysical Ministry, University of Metaphysics, University of Sedona, University of Quantum Dynamics, and Holistically Alive Spiritual Center. In addition, she is a Senior Clinical Investigator with the Institute of Progressive Medicine; a component of Mental Illness Hope Inc., a non-profit public charity. Dr. Adams is a Dame of Hone, Priory of Hawaii, Knights (Hospitaller) of the Orthodox Order of St. John

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The Comparison of Maslow's Hierarchy of Needs with the Theory of Spiritual Needs from Islam's View

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Abstract

In the following paper, at first, we review the status and importance of the needs in the field of psychology. Further, considering the necessity of spiritual needs in the hierarchy of needs, we briefly investigate the literature of value thinking as well as the existing scientific texts about the importance and position of the spiritual needs. In the realm of religious knowledge, the range of needs extends from the limits of human being and his relationships with himself and others to the extent of God and all beings. With this assumption, human's spiritual needs are discussed to correspond to Maslow's hierarchy of needs in five categories (the needs of existence, spiritual safety needs, the need for love and friendship with God, the need for spiritual self-actualization and proximity to God). It is hoped this approach would open up a new door to the psychology of religion and raise another dimension of human needs which is clearly missed in Maslow's pyramid of needs.

Keywords: needs, spirituality, spiritual needs.

Introduction

“Need” is a general concept that has a relatively wide range of applications in various fields, and as the case may be, several definitions are given for that. Although these definitions indicate one kind of concept or a common sense, these definitions are presented from various perspectives and aspects.

“Need” in psychology is the state of deprivation, shortage or absence in the organism, such as the shortage of food, water, oxygen, in general, the shortage of any condition that is necessary for the continuity and survival of a living creature (Brandon, 2001, p.41) and for the person’s well-being. All living things from the simplest protozoan to the human being who is the most complicated and complete creature, have a set of needs. The needs originate from human existential conditions. Human being is the needy creature in the origin of their essence and for the continuity and survival of their life. In fact, it is this conditionality of the nature of human being and the life that implies the concept of necessity. If the human being was an immortal being, and independent of time and place, and was not always on the crossroads of life and death, the concept of need would be meaningless (Brandon, 1997, p.35). In the Islamic view, mankind’s entire being is replete with needs and is born with needs. Mankind is the most debilitated and indigent animal at birth. Both in terms of biology and evolution does not have an instinctive adaptation to the nature and needs more support and care in comparison to other animals (Kaplan, 2002, p.318). Human being cannot stay still; because his inner passiveness compel him to seek new balance and harmony instead of the lost balance and harmony in the womb. All human being’s efforts to balance is for finding an answer for his own existence and according to Fromm’s claim, divine religions have no purpose except this (Fromm, 1996). The predominance of needs in human life is so complex and varied that perhaps one cannot assume a person is perfectly satisfied for a short time.

The Importance of Needs in Human Life

All psychologist have considered the needs as important motivations of behavior. The existence and survival of human life is conditioned to the needs. Because life is a movement, dynamism, and a self-sustaining flow. What makes human try and struggle and produce energy for behaviors is the needs (Rio, 2001, p.51). Needs show themselves in motivations for special behavior and behaviors are considered as the reflection of needs (Carver and Scheir, 1992, p.98-99).

Needs are always related to a category of target objects or events; therefore, when a person needs water, he is not just a needy person, rather he needs something. The needs play a critical role in guiding our behaviors by determining whether we should get close to the target object or stay away from it. As the result, they protect us from probable risks and injuries. The “severity of behavior” is also determined by the amount of power required for it. What behavior should be done first and what action should be postponed to some other time depends on the nature and type of the need. The most urgent needs will receive the most urgent attention. The existence of need in human life is so important and vital that if is missed, it results in the gradual stagnation and death. God has created the man in need so as he always endeavors to compensate for the shortcomings and satisfaction of his needs and take the path of perfection.

From this perspective, needs are the sole factor in motivating behaviors; however, some do not consider this explanation enough and believe that: “the need itself cannot be the reason of human activity, because need is a kind of shortage. What can be the cause of human activity and has a motivating power is the feeling of need. When a person feels a need for something and knows it plays an important role in his survival or is considered valuable, he tries to achieve it (Mesbah Yazdi, 1997, vol.2, p. 131)

Classification of Needs from Psychologists’ View

The theoretical approaches to the explanations and classifications of needs depend on the anthropological views of the theoreticians. Those who consider the human nature to be completely material and as the achievement of biological flows and evolution of life, or believe the nature of human is largely or entirely the result of the experiences of social environment, count the needs which are abridged to these limits.

Psychology has introduced a type of human which was called “Psychological Man” by Philip Rhip. The godfather of this human is Freud. This new human could gain authority for himself inside and outside the realm of scientific psychology in a short period of time (Dahrendorf, 1998, p.29-30). The Freudian man is a creature filled with instincts and biological needs. Therefore, Freud defined the human motivation as entirely based on a kind of energy which is originated from the needs of body tissue. He believed the total amount of mental energy which is the consequence of the needs of body tissue is used in those psychological activities which are done to reduce the tension resulted from the needs. In Freudian theory, the psychological representations of these physical stimuli are reflected in the form of requests called “instincts”. In Freud’s view, although there might be an indeterminate number of instincts, Freud has distinguished the existence of two basic groups of them: 1. Life instincts, 2. Death instincts. The life instincts serve the purpose of survival of the person or kind by searching to satisfy the needs for food, water, air, and sex. Due to the importance attributed to the sexual instincts in the psychological organization of people, Freud chose these instincts as the most prominent type of instincts for the development of personality, and stated that the purpose of human being in life is the satisfaction of sexual needs.

Freud assumed the death instincts to be against the life instincts. One of the components of death instincts is the aggressive drive.

These complementary forces are instincts which give energy to and guide the behaviors. Some have expanded the range of human needs and believed that humans have two kinds of needs: 1. Biological needs and whatever is related to the biology and physical aspect of human being such as the need for food, water, opposite sex, etc. 2. Psychological needs that are based on the psychological conditions of the person and have a completely psychological aspect.

The first attempt to formalize a relatively comprehensive theory was an attempt by Murray (1938, 1962). Murray and his colleagues collected a comprehensive list of human needs. He started his work by distinguishing between two sets of these needs. The primary needs which have a physiological aspect and the secondary needs which have a psychological aspect. Although the primary needs such as the need for air, food, sexual affairs and water are very important, what has attracted Murray’s attention to itself was in fact the secondary needs. His research prompted him to list 20 needs (Murray, 1938). According to Murray, human needs are as follows: 1. Abasement, 2. Achievements, 3. Affiliation, 4. Aggression, 5. Self-

determination, 6. Counteraction, 7. Self-recognition, 8. , 9. Superiority, 10. Exhibition, 11. Defendance, 12. Infavoidance, 13. Nurturance, 14. Order, 15. Play, 16. Rejection, 17. Sensory recognition, 18. Sexual desire, 19. Affection-seeking, 20. Understanding. His list of human needs is considered as his most important service to psychology.

After Murray, Maslow's theory is of particular importance in the history of psychology. Maslow has placed human needs in a hierarchy in five classes including the physiological needs, safety, love and affection, self-esteem, and self-actualization.

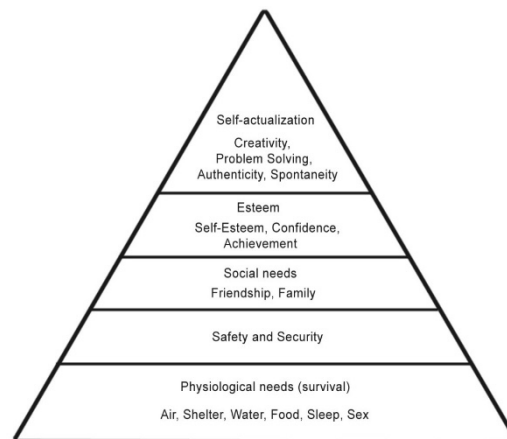


Figure (1-1): Maslow's Hierarchy of Needs

The central idea of this theory is that human needs have a hierarchical order in terms of growth and domination over behavior; that is, the lower the need in the hierarchical pyramid, the sooner it reveals itself in the process of growth. The other point is the lower needs are the strongest dominant motives, while the self-actualization need is the weakest motives. Maslow's hierarchy of needs is supported as a comprehensive model in education, business, management, work environment, psychotherapy, and mental health.

The theories of Freud, Murray and Maslow are in the range of holistic theories that seek to define the entire realm of human needs. In contrast, the atomistic theories have focused their attention to one particular need and how it affects human behavior (P.5).

Criticism and Evaluation

The general aspect of all psychological theories is in listing and categorizing the needs, and delivering and reducing them to the biological-psyche needs. By biological-psyche needs, we refer to those physiological needs such as eating, drinking, and satisfaction of sexual desires; and those which do not go beyond the safety, love and affection needs. Even the need for self-actualization, which Maslow has defined as a superb need is not outside the realm of material life and its affairs; while an important dimension of man is his spiritual dimension. Now that human being is of two-dimensional nature, we should consider both dimensions when we speak about his needs.

Human's Spiritual Needs

The most important goal of our life is to achieve happiness and prosperity. Whether a person believes in the religious principles or not, and apart from the religion he believes in, we all seek to achieve better things in our lives. The researchers have done interesting experiments that show in addition to mere physiological and psychological needs which are related to the physiological aspects and the commonplace affairs of life, love and communication with others, people enjoy other top needs such as the need for religion, worship and spiritual communication with God. Jung has considered the spiritual needs as the aspects of human health and said: over the past 30 years, many people from different nationalities have consulted with me. Among the patients, who were in their second half of their lives, that is 35 years and above, I haven't seen a single soul whose basic problem is not the religious orientation in life. In my opinion, they were afflicted by psychological illness because their spiritual needs were not satisfied; only when they have returned to the religion and their spiritual needs were satisfied, they fully recovered (West, 2004, p.5). Over the past decades, theoreticians have been convinced of the wide range of human spiritual needs in different fields. Some of these needs have attracted many researchers' attention to itself.

Fitchett, Burton and Sivan (1979) conducted a study on people of 20 to 89 years old in order to investigate the realm of spiritual needs completely. In this research, almost 88% of people referred to at least three types of spiritual needs. After analyzing the responses, the researchers could categorize the spiritual needs in three axes: 1. Religious belief requirements, 2. Religious practice needs, and 3. Religious social support needs.

The needs of religious belief include the need to understand the presence of God, the purpose and the meaning of life, and the lack of fear of death. The needs of religious practice are such as the need for praying, worshiping and attending religious ceremonies. The needs for religious social support are those that include the need to care for each other in religious groups, go to temples and doing congregation prayers and the need to visit religious leaders.

Further attempt was made by Koeing and Wierr (1997) to classify the spiritual needs. Koeing and Wierr have generally categorized human needs in three axes. They have done this by differentiating between the needs related to oneself, others, or God. Koeing and Wierr's list of needs are as follows:

Koeing and Wierr's list of psychological and spiritual needs (quoted from: Koeing, H., 1998, p. 325)

a. Needs related to oneself

The need to have a meaning and goal

The need to feel being beneficial

The need for insight and knowledge

The need for hope

The need to being supported at the time of loss

The need to balance the dependence on others

The need to tolerate difficult situations

The need for honor and dignity

The need to express feelings
The need to be prosperous
The need to communicate with past
The need to accept and tolerate the death of relatives

b. Needs related to others

The need to socialize with others
The need to love and giving services to others
The need to forgive and forget others' mistakes
The need to tolerate the death or separation of friends

c. Needs related to God

The need to believe in God's existence
The need to believe God is by our side
The need to understand God's presence
The need to understand unconditional love of God
The need to pray before God for oneself and others
The need to read the Holy Book and act upon it
The need to worship

One of the positive aspects of this categorization is that beside mere psychological needs, the spiritual needs are also considered.

Another research in the field of spiritual needs was done by Koeing. With excessive studies, Koeing has categorized the spiritual needs which were important in the life of old people and named 14 spiritual needs which are:

- 1. The need for goal, meaning, and hope in life.**
- 2. The need to go beyond the circumstances:** There are conditions and situations in human's life which is difficult to tolerate such as an untreatable illness which adds to human disability every day and eventually leads to death. Human needs to go beyond such situations and focus on things which cannot be seen, which are invisible; because the things which can be seen are mortal and fleeting.
- 3. The need to bear the loss:** losing health, job, independence, social status, lack of family roles, loss of money, loss of spouse or other people which are important for us creates a kind of feeling of failure, disability and loneliness in us. We need to interpret these events in such a way that they become bearable for us.
- 4. The need to integrate internal and external structures through maintaining self-esteem, self-integrity, maintaining social interaction and cognitive function**
- 5. The need to validate and support religious behaviors:** people need to have spiritual environments and people who encourage and support their religious behaviors in their lives.

6. **The need to engage in religious behaviors:** in addition to that people need the spiritual environments and people who support religious behaviors, people themselves must also engage in religious practices such as prayers, praying, reciting the Holy Book...
7. **The need to feel being worthy;**
8. **The need for unconditional friendship:** people need to be loved and lovely.
9. **The need to express anger and objection;**
10. **The need to feel that God is by our side;**
11. **The need to love and serve others;**
12. **The need to be thankful;**
13. **The need to forgive and be forgiven;**
14. **The need to get ready for death;**

According to Koeing, if there is a way to mental and spiritual health, it is that a person is grateful (for everything).

In Koeing's view, the satisfaction of these needs in a person leads to the promotion of psychological health (Koeing, 1994, ps. 283-294).

Although scholars have paid special attention to spiritual needs over the course of several decades and provided several classifications and lists of spiritual needs, there is no comprehensive list and classifications for spiritual needs. Moreover, the research works are carried out in non-Islamic cultures and with regard to the specific perception of the concept of spirituality. Thus, it can be seen some of these needs are not related to spiritual needs in true sense of the word. Some of the needs which are the most obvious examples of spiritual needs have been neglected in such classifications.

The Categorization of Spiritual Needs in Islam's View

Our perception of the spirituality and spiritual needs should be comprehensive, principled, and consistent with the truth of religion, reflect the sustainable reality and be consistent with the nature of human. As the result, the definition of spirituality and spiritual needs would be very different from the definitions presented by the human approaches. The most important characteristics of spiritual needs in Islam's view is that its origin is human's nature, and in some way, it explains human's relation with God in the realm of morality and spiritual values. These needs, in turn, form a hierarchy which corresponds to Maslow's hierarchy of needs. Figure (1-2) shows the correspondence of spiritual needs with Maslow's pyramid of needs.

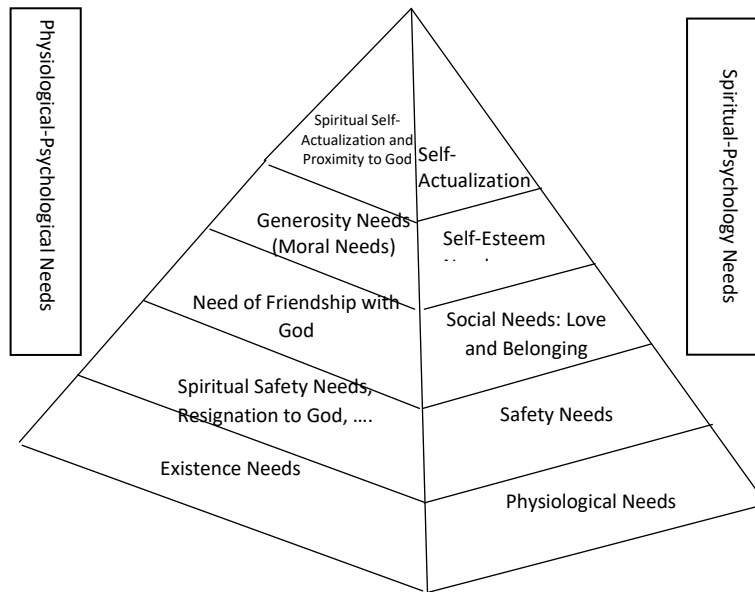


Figure (1-2): Correspondence of Spiritual Needs with Maslow's Hierarchy of Needs

The first point that presents itself in the figure of correspondence of spiritual needs with Maslow's hierarchy of needs is that spirituality and spiritual needs embrace all aspects of our lives. All other needs in this hierarchy (physiologic, safety, love and belonging, self-esteem, and self-actualization) are hidden tendencies which can have spiritual direction when affected by the spiritual tendencies of mankind. Now we examine the pyramid of spiritual needs in detail.

1. Existence Needs: the Need of Being Relevant to God

The existence needs are those which show human's relation and attachment to God. The exact meaning of existence needs is that humankind does not have intrinsic independence. His essence is empty of any perfection except those which are given by God, and is in need of Him for all his states. From this perspective, God is the existence-bestower to human kind and the world. The world and the human being are real because of Him and are nothing and null without Him. If it is said that this need exists in all creatures and is not specific to humans, we reply that although it is true that this need is a general need, not everyone perceives this. It is only the human being who understands his need in and dependence on God. Human's power of reason and thought prescribes that the existence cannot be limited to these relative affairs; however, there is an infinite, stable, absolute, and needless reality behind all these needy existence which is all dependent on Him. Thus, the first level of human spiritual needs is the perception of God's presence in existence and to believe that the world and human being are created by the Creator. Therefore, the existence needs can be seen in all individuals as the basic needs.

So far, we have come to this conclusion that the needs of existence are the first stage of spiritual needs and as long as the person does not feel this need inside himself, he cannot reach the next levels of spiritual needs.

2. The Spiritual Safety Needs

This level of spiritual needs reflects the individual's need for safety and having a support and an ultra-humane support. Human has the two dimensions of flesh and spirit and to protect these two existential dimensions, he needs two protective systems, one for the physical dimension and the other for spiritual dimension. Safety can be either inherent or acquired. The intrinsic safety involves processes or elements that a person is born with. This kind of safety in the spiritual dimension can be obtained by the human pure nature (human divine nature); a type of safety which is very simple, yet it can be considered as a ground for dealing with the spiritual threatening and pathological factors. For the human divine nature to remain immune from harm, its safety needs must be satisfied with the external sources and through its relationship with God.

Human always needs support from others; therefore, he is interested in his father, mother, relatives and social groups. In many cases, people's problems are solved with the support and cooperation of others; however, there are also cases which human feels himself in need of an ultra-human support. We all have had this experience more or less. Einstein is among people who has put forward the need for the spiritual support and said: "We all see that father, mother, ancestors, relatives, and even leaders and owners of power die. On the other hand, we face deficiencies and losses such as the loss of job, health, position, money and wealth in our lives, which we may not be able to deal with alone, and even social organizations cannot help in this regard. In such cases, human feels the need for a spiritual and ultra-humane power that helps him to overcome his problems and always supports him (Einstein, Bitá, p. 55).

Russell says: "the strongest reason for the existence of God is the safety needs in human. In his opinion, a kind of common sense that there is someone who keeps human beings, is felt by all people (Russell, 1972, p. 27). So far, there has been no government in the world which could provide human's complete security and prosperity. Full security is only possible under the shadow of religion and through faith in God. Even Freud has accepted the human's need for security and support of God and to explain the psychological roots of religion he said: "religion is rooted in human's need of security and support by some super powers (Patrick, 1999, p. 807).

The need for immunization in the protection of God exist naturally in all individuals but often is neglected. If human's attention and attachment to the material world is cut off even unintentionally and due to the difficult events and problems, then he feels the need deep inside his soul. In the conditions where human's hope is cut off everywhere and everyone, he again feels there is someone who can help him.

3. The Need of Friendship with God

When the spiritual immunity is satisfied to some extent, then the need for friendship with God appears. This need leads the person to establish a love relationship with God. The need of friendship with God includes the reception of love from God and having a kind view toward Him. The friendship relationship with God is created as the result of recognizing God and having positive image of Him. Those who believe in God and consider Him as the "safe source" and "security-bestower" for themselves, establish a healthy emotional relationship with Him and the deepest levels of love for God is created in their hearts. In fact, the need for friendship with God appears when the person's safety need is satisfied to some extent and they are not fearful of anything.

Love and worship: is one of the manifestations of the need for friendship with God. Worship is a general and universal need, and undoubtedly, it is as old as human life history. Whenever and wherever there was a human, there was worship and praying as well. Durkim, in his research, has found out that worship is a universal and world-wide phenomenon, while in all myths and cultures, the primary forms of religious life are seen (Durkim, 2003, 63-79).

Tailer, Frezer and Muller also believe that the need for worship exists in all human beings, although its forms have varied over time. Tailer studied the course of history of religiosity and its various forms which have been practiced by human beings throughout history. He believes: “the need for worship has evolved in an evolutionary process from fetishism to paganism, to polytheism, and finally to monotheism (Durkim, the same, p.63-79).

4. The Need for Dignity

The inclusion of human dignity and freedom in the pyramid of spiritual needs is based on the religious teachings and goes beyond the psychologists’ perception of the concepts such as “self-respect” and “self-esteem”. In this concept, human preciousness is considered based on Divine values such as faith, piety, self-esteem, dignity and freedom. Humans in essence have the tendency toward freedom and dignity of the soul and are weary of knavery and indecency. The greatest mission of the religious saints in educating the human is the promotion of a free and generous personality. Islam has emphasized the preservation of “dignity”, “freedom”, and “self-esteem” and does not allow human dignity, and freedom to turn into turpitude and meanness.

The real meaning for human freedom and liberation is that there is no hindrance to human growth and perfection, and that the thoughts, actions, and desires of human being is in harmony with his humane reality in contrast to the absolute freedom which accepts every act and thought, even though there are some malice, deceit and meanness in it.

Providing the need of dignity and freedom results in the joy and spiritual excellence. Dignity keeps human being away from doing indecent and humiliating behaviors and is considered to be the best ground for the mental health and wellbeing. In the Islamic texts, the consequences of the provision of dignity and vigilance and its role on the mental health are mentioned, such as: “whoever has a dignified soul, the world is small in his eyes”, (i.e. seems worthless) (Amadi, 1994, vol. 5, p.451); “whoever has a dignified soul, he will never humiliate it by committing sin and disobedience” (Muhammadi Rey Shahri, 1993, vol.10, p.147). These interpretations indicate that the provision of the need of dignity and freedom has a very influential role in the mental health of individuals. On the other hand, self-humiliation is one of the causes of mental disorders and psychological diseases and one of the most threatening factors for mental health; because, when the human dignity is humiliated and the human becomes indecent, he then is ready to commit any kind of indecent act.

5. The Need for Spiritual Self-Actualization and Proximity to God

In Islam’s view, humans are like gold and silver mines (Nahj al-Balagheh, Lecture 1), and the prophets are sent to exploit these mines. Deep inside ourselves, a sea of spiritual resources is hidden that we should access it. Only this way we can achieve self-actualization.

The spiritual aspect of self-actualization is much wider than its other dimensions. Its territory is deep and boundless. The joy and happiness which are experienced at the spiritual dimensions seems meaningless and impossible in the material world. The actualization of the biological and physiological abilities of human can be beneficial to some extent, but it cannot

always provide us with the inner satisfaction, eternal peace and prosperity we have always wished for. Chances are the actualization of person's ability only in the non-spiritual dimension leads to moral degradation and decline. Therefore, in self-actualization, we should search for a different concept other than what psychologists have put forward. Understanding this point is very important that the most important self-actualization is related to the spiritual dimension of human being. The human body is similar to those of plants and animals in terms of structure; however, he has the abilities above all of them that can communicate with the creator of this world.

Disconnecting with the material attachments and actualizing the high spiritual essence of self through proximity with God and seeking perfection are the only ways of achieving the high levels of mental health. We reach the full mental health when we discover the high spiritual core of ourselves and by connecting to the creator of the world, we run the peace and mind contentment throughout our existence. Thus, the highest spiritual needs of human being is the actualization of the spiritual dimensions, the passage from the limited nature, and the placement and peace by the Divine side. The distorted form of "the need for proximity to God" is presented in the psychology under the title of "the need to return to origin". Psychologists believe that human suffers from a great pain, which is the loneliness and separation from its origin. But what the "origin" is? The perception are different. In Fromm's view, the need to return to the origin originates from our first abnourishments from the nature. We are the nature's offspring. Since people have lost their previous instinctive relationship with nature and cannot return to it once more, they either have to create new relationship with their fellow members, or return symbolically to the nature and spend some time in the nature (Fromm, 1991, p.34). This believe makes the elements of a pattern of the natural root of human being. Trinal (1965) says: a tribe called Piggyami in Central Africa hold a festival called "Mollimo" each year. During this festival which lasts for a month, all the tribal men are gathered together to cheer up the nature and the jungle with singing and chanting, to attract its attention to themselves because it is the provider of all good things. They believe that jungle and the nature are our father, mother, and origin. We are the children of the nature and jungle and if the jungle dies, we will dies as well (Bates and Fratkin, Salasi translation, 1996, p.670). Max Muller explores the psychological origins of this tendency and states: "the various landscapes nature offers to mankind brings with it all the necessary conditions for the creation of the idea that we have come from nature and we will return to it; because, nature is the greatest surprise, the cause of horror, awe, the available miracle, and the only survival factor of humans (Durkim, 2003, p.99). Fromm and Muller have not noticed this fact that the origin of human being is not nature, the need to return to the origin of self is not eliminated with the connection with the nature. In religion's view, the origin of human is "God" and human must go beyond his natural self and the connection with the material world and submit oneself to God.

Results

Different schools of psychology, such as psychoanalysis, behaviorism, humanism, schooling, have viewed various aspects of human beings and their needs. The overall view of psychological theories in discussing the needs is to deliver and reduce the needs of biological-psychological needs. The biological-psychological needs are those that go beyond the limits of physiological demands such as eating, drinking, satisfying the sexual needs and at the higher level, the safety, love and affection needs.

In addition to mere biological and psychological needs, some have also pointed to the spiritual needs. However, the list of spiritual needs is not based on a proper understanding of it. In the field of religious knowledge, the spiritual needs have a special feature and the main basis and ground of needs is the spiritual needs.

In this paper, the spiritual needs of human were raised in the framework of Maslow's pyramid of needs and we came to this conclusion that human spiritual needs can be categorized in five classes corresponding the Maslow's pyramid of needs: the needs of existence, the safety needs, the need for friendship with God, the need for dignity and the need for spiritual self-actualization and proximity to God. In Islam's view, this collection can be considered as suitable strategies for controlling and managing the biological and emotional-psychological needs.

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

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(Reiki Rainbow Energetic Healing – Follow Your Heart)

Table of Contents

Abstract	3
Acknowledgements	4
Chapter 1	
Introduction	5
Research Objectives	5-6
Possible Outcomes	6-7
Rationale of Study	7
Scope of this Study	7-8
Limitation of the Study	8
Formulated Hypotheses	9
Chapter 2	
Overview of Reiki, Past Researches & Attunements	10-14
Chakras & the Body System	15-20
Description of Energies/Bodies & Sicknesses	21-24
Exerpt by Psychologist Deepa Pani Selvam	25-26
Interview – Excerpt by Reiki Master Teacher Cory Croymans-Plaghki (Asian Healing Center, Chiang Mai	27-29
Chapter 3	
Methodology	30-31
Chapter 4	
Research Findings & Detailed Analysis	32-57
Chapter 5	
Conclusion & Future Research	58-61
Bibliography	62-64
Appendix 1 – Reiki Forms	65-83
Appendix 2 – The Seven Chakras, The Body and Symbols	84-87
Appendix 3 –Excerpts by Practitioners	88-92

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 were nine young people aged 18-40 who understand and with free will acknowledged to 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 were conducted by the researcher (Lecturer, Reiki Master - Teacher, Author and a Certified Neuro Linguistic Practitioner by ABLP) and two 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, 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, Mindfulness, 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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Thai Questionnaire answer translations to English have kindly been done by Ms. Amita Sachdev. A humble contribution of sharing about Balance, Relationship, and Well-being by Psychologist Deepa Panirselvam brought a positive perspective and makes way to understand the importance of self-expression, help and healing. On the other hand, the research brings a positive insight when the Earthly Goddess of Holistic Healing, Cory Croymans-Plaghki (Asian Healing Center, Chiang Mai, Thailand) shares her experience and the importance of Energetic Healing and how it improves well-being and lifestyle. A positive encounter was also the meet up with Amporn Boontan (ABET Practitioner, Reiki and Pyramid Compost Teacher) at the Asian Healing Center, Chiang Mai who supported the research and addressed positive notions on teaching and doing Reiki Treatments in Chiang Mai.

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 2019, 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.

Lastly, I am grateful for anyone reading this. Gratitude prevails towards The Universal Laws that brings everyone together through intuitive learning and sharing of synchronicity enables this research to be completed with Compassion and Empathy. Love and Gratitude!

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 – through channeling and enthusiasm to bring awareness to the young people to connect more with their inner-self, being mindful 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 nine 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 nine 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 two Reiki Master Teachers, one 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, mindful and yet fulfil ambitions. 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 embracing various mindful approaches.

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 9 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 inherit 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 combined 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 intelligence⁷ 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).

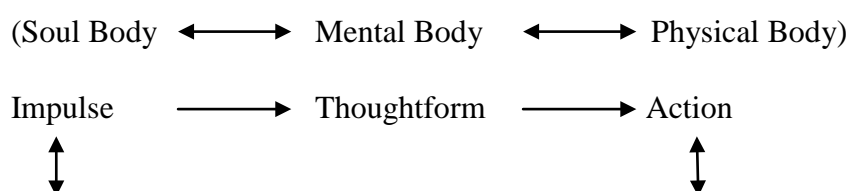
- Emotional Body: The emotional body depicts as a person becomes sensitive and trust his or her inner feelings. It reflects the ability to feel and communicate. It acknowledges to awareness of self as valuable, worthy of love, kindness, respect, and compassion. It is with the emotional body a person 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.

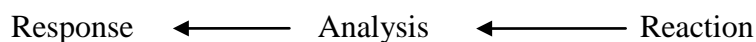
In relation to Wauters A. (2010), the emotional energies affect the Root or Base chakra making one feel aggressive, anger, violence, and jealousy. The Sacral Chakra makes one feels pleasure, feeling good, deserved, feel bad, envious, and not caring for physical body. The Solar Plexus Chakra addresses 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 3.

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 three Reiki Master Teachers (including the researcher), 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. 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 two 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 Reiki Master in Bangkok, Amita Sachdev (Banker) volunteered to provide treatments for one participant.

Katherina, Charn Suteerachai, 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 Amita Sachdev (Banker) (Amita, Reiki Master).

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/appropriate 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 given to each participant three times in order to understand and self-evaluate the progress. Each participant received a treatment once a week or a 7-20 days gap after the next

treatment. The research took place between 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 ended by January 2016. Participants had 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 had a treatment before and chose 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 was 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 Teacher and will associate with two 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. The detailed forms can be seen in Appendix 1.

Chapter 4

Research Findings and Detailed Analysis

Angel 1 – Reiki Master Teacher 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 9th 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 21st 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 calm. 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 5th 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 Teacher 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 15th 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 6th 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 5th 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 22nd – 23rd 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 Teacher 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 25th 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 3rd 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 14th 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 24th 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 13th 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 28th 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 16th 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 25th 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 30th 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 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 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 19th 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 6th 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 2nd 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 1st 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 26th 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 3rd 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 7 - 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 13th 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 20th 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 27th 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 8 - 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 15th 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 7th 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 22nd 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 29th 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 9 - Reiki Master Amita Sachdev

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 19th 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 10th 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 17th 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 18th 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 nine 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 limited to only treatments to 9 people (27 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 9 people (27 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 -Teacher Practitioner who is conducting the research to be presented at an International Conference on Spirituality and Psychology 2016 & 2019 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

ดิฉันกำลังทำการศึกษาผลของการบำบัดเรกิ (การใช้พลังงานบำบัดด้วยการวางมือ) ที่มีต่อการลดความเครียดและพัฒนาสุขภาพและคุณภาพชีวิตของประชาชนวัยหนุ่มสาว (อายุ 18-40 ปี) งานวิจัยนี้จะช่วยเพิ่มและนำมาซึ่งความตระหนักรู้ที่บุคคลสามารถปรับสมดุลการทำงาน การศึกษาลดความเครียดและพัฒนาคุณภาพชีวิตส่วนตัวผ่านการใช้พลังงานบำบัดด้วยการวางมือ ขอขอบคุณสำหรับการช่วยเหลือของคุณด้วยการศึกษาและการทำแบบสอบถามนี้ โปรดอย่าเกรงใจทำแบบสอบถามนี้ คุณได้ให้อนุญาตกับดิฉันในการวิเคราะห์และแสดงคำตอบและความคิดเห็นของคุณในเอกสารงานวิจัย ในกรณีที่มีการพิมพ์เผยแพร่ ความช่วยเหลือสนับสนุนจากคุณจะทำให้ผู้คนวัยหนุ่มสาวสามารถเข้าใจว่ามันสำคัญมากเพียงใดที่จะเข้าใจจิตใจ ร่างกาย และจิตวิญญาณ และลด/เอาชนะความเครียดและพัฒนาสุขภาพของตนเอง งานวิจัยนี้ถูกทำให้สำเร็จลุล่วงโดยนักบำบัดที่เป็นเรกิมาสเตอร์ซึ่งทำงานวิจัยเพื่อนำเสนอในที่ประชุมซึ่งจัดขึ้นโดย 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 – กรอกโดยนักบำบัดเรกิทันทีหลังจากคาบการบำบัดผู้เข้าร่วมและการสัมภาษณ์ผู้เข้าร่วมจะมีบันทึกรายละเอียดของคาบการบำบัดจะถูกนำไปใช้ในการพิจารณาและประเมินสำหรับความต้องการของการศึกษาวิจัยนี้

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! วัตถุประสงค์ของแบบฟอร์มนี้คือการให้ข้อมูลพื้นฐานบางประการของเรกิกับคุณ

เรกิ คือ อะไร : เรกิ คือ รูปแบบของการบำบัดทางเลือก ซึ่งช่วยเพิ่มความสามารถของร่างกายในการบำบัดตนเองผ่านพลังงาน แต่ละการบำบัดใช้เวลา 45-90 นาที

เรกิ มี ใ ช้ อะไร : นักบำบัดของคุณมี ใ ช้ แพทย์ ซึ่งได้รับใบอนุญาต เรกิ คือ องค์ประกอบหนึ่งของบริการที่เป็นศาสตร์การบำบัด มันคือส่วนเสริมของการแพทย์แผนตะวันตกดั้งเดิมที่ถูกจัดให้โดยแพทย์ พยาบาล และโรงพยาบาล ในฐานะที่เป็นการแพทย์ทางเลือก เรกจึงไม่ต้องการใบอนุญาตจากรัฐ

นักบำบัดเรกิ : ระหว่างคาบการบำบัดเรกิ ผู้เข้าร่วมนอนลงโดยสวมเสื้อผ้า นักบำบัดวางมือลงบนหรือเหนือร่างกายและปล่อยให้เรกิ(พลังงาน)แผ่กระจายออกจากมือ

การบำบัดเรกิ : ความเครียด บาดแผล ในใจ 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: นี่คือการที่ประกอบไปด้วยโครงกระดูก กล้ามเนื้อ เนื้อเยื่อ อวัยวะ เลือด และประสาทสัมผัสทั้ง 5 ร่างกายเนื้อมีความสามารถสูงในการแจ้งคุณเมื่อบางสิ่งบางอย่างนั้นผิดหรือถูก มันอาจได้รับผลกระทบเชิงบวกหรือลบจากอาหารที่พวกเราทานเข้าไป ความคิดของเราและสภาพอารมณ์ที่พวกเราอาศัยอยู่ข้างในในช่วงเวลาใดๆ ดังนั้น มันอาจนำไปสู่อาการปวดศีรษะ ไมเกรน มะเร็ง ความเครียด และอาการปวดหลังช่วงล่าง ฯลฯ ของบุคคลหนึ่งๆ

ร่างกายอารมณ์: ร่างกายอารมณ์แสดงถึงความอ่อนไหวและการเชื่อความรู้สึกภายในตนเองของบุคคล มันสะท้อนถึงความสามารถในการรู้สึกและสื่อสาร มันยอมรับการรับรู้ความรู้สึกของตนเองในฐานะที่เป็นสิ่งที่มีค่า คุณค่าของความรัก ความอ่อนโยน ความเคารพและความเมตตา กรุณา ด้วยร่างกายอารมณ์นั้นเองที่บุคคลจะรู้สึกพึงพอใจ เจ็บปวด กลัว กล้าหาญ ยึดติด และอิจฉา ริษยา ฯลฯ เนื่องจากร่างกายอารมณ์พัฒนาก่อนที่สุดแล้วมันจึงสอดคล้องกับรากฐานของร่างกายจิตใจ

ร่างกายจิตใจ/จิตวิญญาณ: ร่างกายจิตใจประกอบด้วยทัศนคติของเราเกี่ยวกับชีวิตและตนเอง มันสะท้อนถึงความสามารถในการคิด มีสองส่วนในร่างกายจิตใจ : จิตอัตโนมัติหรือความสำคัญตนเอง(จิตใจที่คับแคบ) และจิตที่เชื่อมต่อกับเบื้องบน จิตอัตโนมัติเป็นเครื่องมืออันทรงพลังสำหรับสร้างความเป็นจริงที่กลมกลืนหรือความจริงที่ทุกข์ทรมาน ร่างกายจิตวิญญาณอธิบายถึงลักษณะของบุคคลผ่านการทำสมาธิ การสวดมนต์ และภาพสะท้อนจากภายใน ร่างกายจิตวิญญาณเผยให้เห็นถึงการคล้อยออกมากขึ้นเรื่อยๆ ของธรรมชาติจิตวิญญาณของบุคคลที่เริ่มจะเปิดประตูเข้าไปสู่สภาวะของจิตที่แผ่ขยายและรู้แจ้ง

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/เอดส์ ☐

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

ข้อมูลทุกอย่างที่ผู้เข้าร่วมเปิดเผยให้นักบำบัดเรกิรับรู้ถือเป็นข้อมูลส่วนตัวและเป็นความลับในกรณีที่นักบำบัดของคุณจะพยายามให้คุณได้รับความช่วยเหลือจากแพทย์ผู้เชี่ยวชาญเพื่อให้แน่ใจถึงความปลอดภัยของตัวเอง หากคุณปฏิเสธและนักบำบัดของคุณรู้สึกว่ามีความเสี่ยงบางประการต่อสุขภาพของคุณ เขาจำเป็นต้องแจ้งผู้ปกครอง และ/หรือ ครอบครัวใกล้ชิดหรือเพื่อนเพื่อให้ความช่วยเหลือแก่ผู้เข้าร่วมบันทึกและข้อมูลของผู้เข้าร่วมจะถูกเก็บไว้เป็นความลับและจะไม่ถูกเปิดเผยโดยปราศจากการอนุญาตอย่างชัดเจนเป็นลายลักษณ์อักษร

ข้าพเจ้าเข้าใจว่าเรกิคือเทคนิคการใช้พลังงานบำบัดด้วยการวางมือที่อ่อนโยนและเรียบง่ายซึ่งถูกใช้สำหรับการลดความเครียดและผ่อนคลาย ข้าพเจ้าเข้าใจว่านักบำบัดเรกิจะไม่ออกใบสั่งยาหรือสารใดๆ หรือทำการรักษาทางการแพทย์ และไม่แทรกแซงกับการรักษาของผู้เชี่ยวชาญทางการแพทย์ที่ได้รับใบอนุญาต มันถูกแนะนำว่าข้าพเจ้าควรพบแพทย์หรือผู้เชี่ยวชาญในการดูแลสุขภาพที่ได้รับใบอนุญาตสำหรับความเจ็บป่วยทางร่างกายหรือจิตใจที่รุนแรงใดๆ 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. ○ ○ ○ ○ ○ ○ ○
 1 2 3 4 5 6 7

No
Stress

Bearable
Stress

Unbearable
Stress

ไม่เครียด

เครียดปานกลาง

เครียดมาก

3. ○ ○ ○ ○ ○ ○ ○
 1 2 3 4 5 6 7

No
Pain

Bearable
Pain

Unbearable
Pain

ไม่มีความเจ็บปวดทางกายใจ
เจ็บปวดทางกายใจอย่างมาก

เจ็บปวดทางกายใจปานกลาง

4. ○ ○ ○ ○ ○ ○ ○
 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
สับสนในทิศทางของชีวิตอย่างมาก

สับสนในทิศทางของชีวิตปานกลาง

Please circle the most appropriate response to the following statements.

กรุณาวางคำตอบที่เหมาะสมที่สุดต่อข้อความเหล่านี้

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

.....

.....

.....

.....

9. How do you deal with stress? คุณจัดการกับความเครียดอย่างไร?

.....

.....

.....

10. Have you spoken to anyone about your problem? If yes who and why? If no, why?

คุณได้พูดคุยกับใครเกี่ยวกับปัญหาของคุณหรือไม่? ถ้าใช่

คุณพูดคุยกับใครและเพราะเหตุใด? ถ้าไม่ เพราะเหตุใด?

.....
.....
.....

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?

.....
.....
.....

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?

.....
.....
.....

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?

.....
.....
.....
.....

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

.....

.....

.....

.....

.....

On a scale of 1 to 7 please rate how you are feeling after your **First** Reiki treatment:

บนช่วงคะแนน 1 ถึง 7

กรุณาให้คะแนนว่าคุณรู้สึกอย่างไรหลังจากการบำบัดเรกิครั้งแรกของคุณ:

3. ○ ○ ○ ○ ○ ○ ○
 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?

.....

.....

.....

.....

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:

.....

.....

.....

.....

Changes since last session (if any) การเปลี่ยนแปลงตั้งแต่คาบการบำบัดที่ผ่านมา (ถ้ามี):

.....

.....

.....

.....

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):

.....

.....

.....
.....
Discussion with participant (what did you discuss, was there any additional insight that took place during the session)

การสนทนากับผู้เข้าร่วม (คุณสนทนาอะไร มีความเข้าใจเพิ่มเติมใดๆ
ซึ่งเกิดขึ้นระหว่างคาบการบำบัดเรกิอีกหรือไม่):

.....
.....
.....
.....
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?

2. How did you feel **during** your treatment? And did the second treatment answer your questions? Specify
คุณรู้สึกอย่างไรระหว่างที่รับการบำบัดอยู่? และการบำบัดครั้งที่ 2

ได้แก้ปัญหาหรือตอบข้อสงสัยใดๆ ของคุณหรือไม่? โปรดระบุ

.....
.....
.....
.....
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?

.....

.....

.....

.....

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:

.....

.....

.....

.....

Changes since last session (*if any*) การเปลี่ยนแปลงตั้งแต่คาบการบำบัดที่ผ่านมา (ถ้ามี):

.....

.....

.....
.....
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):

.....
.....
.....
Discussion with participant (what did you discuss, was there any additional insight that took place during the session)

การสนทนากับผู้เข้าร่วม (คุณสนทนาระหว่างใคร มีความเข้าใจเพิ่มเติมใดๆ
ซึ่งเกิดขึ้นระหว่างการบำบัดเรกิอีกหรือไม่):

.....
.....
.....
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?

.....
.....
.....
2. How did you feel **during** your treatment? And did the third treatment answer your questions? Specify
คุณรู้สึกอย่างไรระหว่างที่รับการบำบัดอยู่? และการบำบัดครั้งที่ 3

ได้แก้ปัญหาหรือตอบข้อสงสัยใดๆ ของคุณหรือไม่? โปรดระบุ

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. ☐ ☐ ☐ ☐ ☐ ☐ ☐
- 1 2 3 4 5 6 7

No
Stress

ไม่เครียด

Bearable
Stress

เครียดปานกลาง

Unbearable
Stress

เครียดมาก

4. ☐ ☐ ☐ ☐ ☐ ☐ ☐
- 1 2 3 4 5 6 7

No
Pain

ไม่มีความเจ็บปวดทางกายใจ
เจ็บปวดทางกายใจอย่างมาก

Bearable
Pain

เจ็บปวดทางกายใจปานกลาง

Unbearable
Pain

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. 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?

.....

.....

.....

.....

.....

.....

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:

.....

.....

.....

Changes since last session (if any) การเปลี่ยนแปลงตั้งแต่คาบการบำบัดที่ผ่านมา (ถ้ามี):

.....

.....

.....

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):

.....

.....

.....

.....

.....

Discussion with participant (what did you discuss, was there any additional insight that took place during the session)

การสนทนากับผู้เข้าร่วม (คุณสนทนาอะไร มีความเข้าใจเพิ่มเติมใดๆ
ซึ่งเกิดขึ้นระหว่างคาบการบำบัดเรากี่ครั้งหรือไม่):

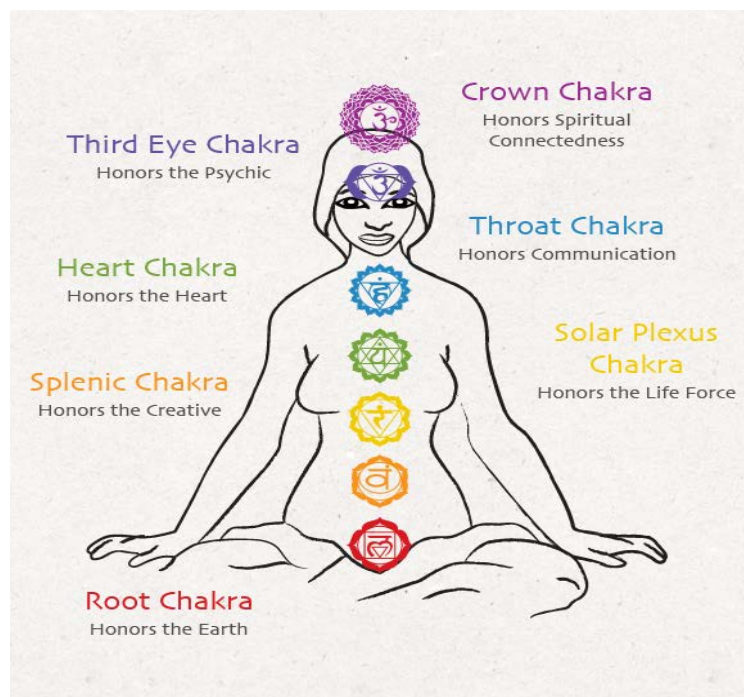
.....

.....

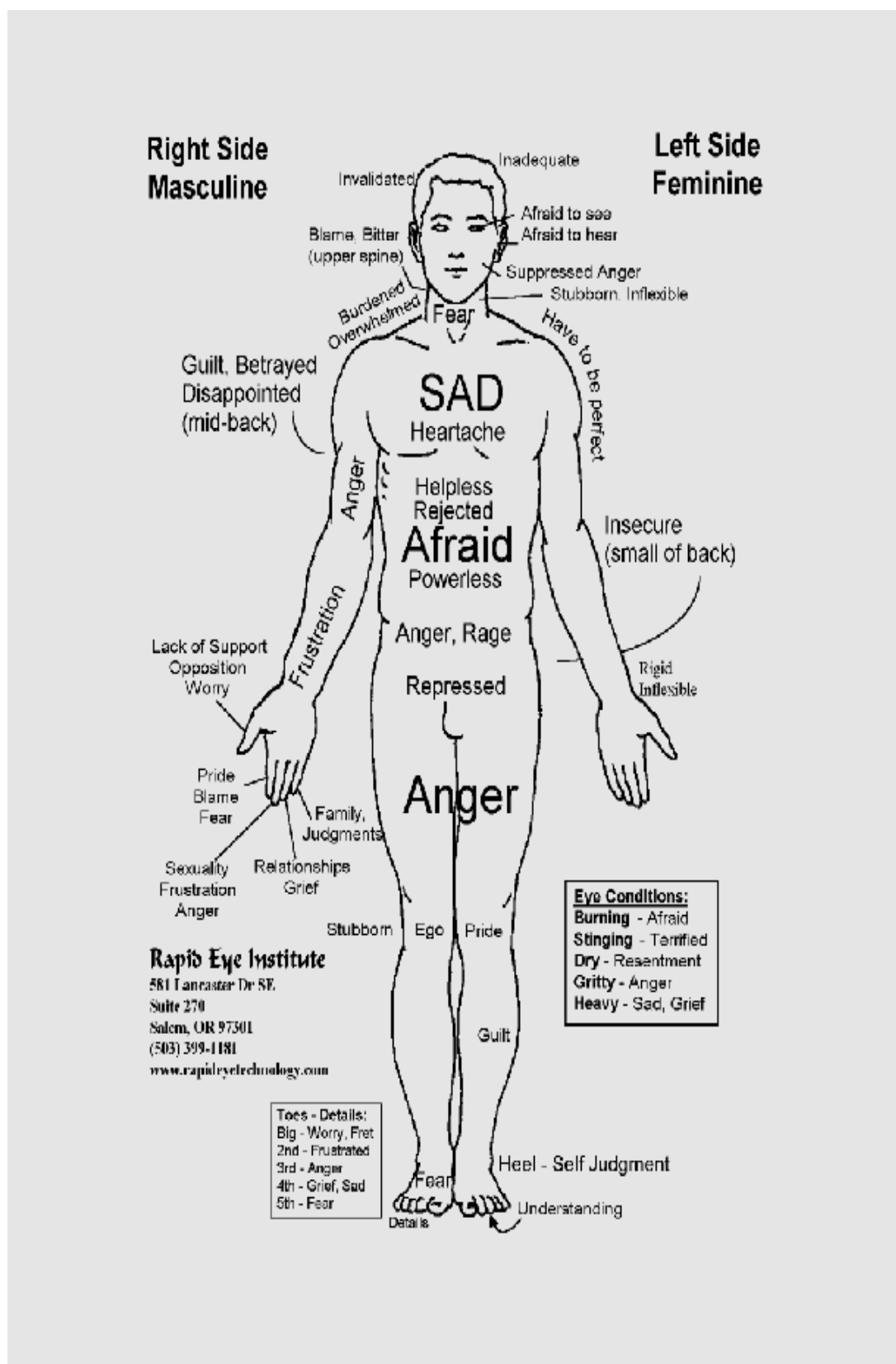
.....

.....

Appendix 2: The Seven Chakras

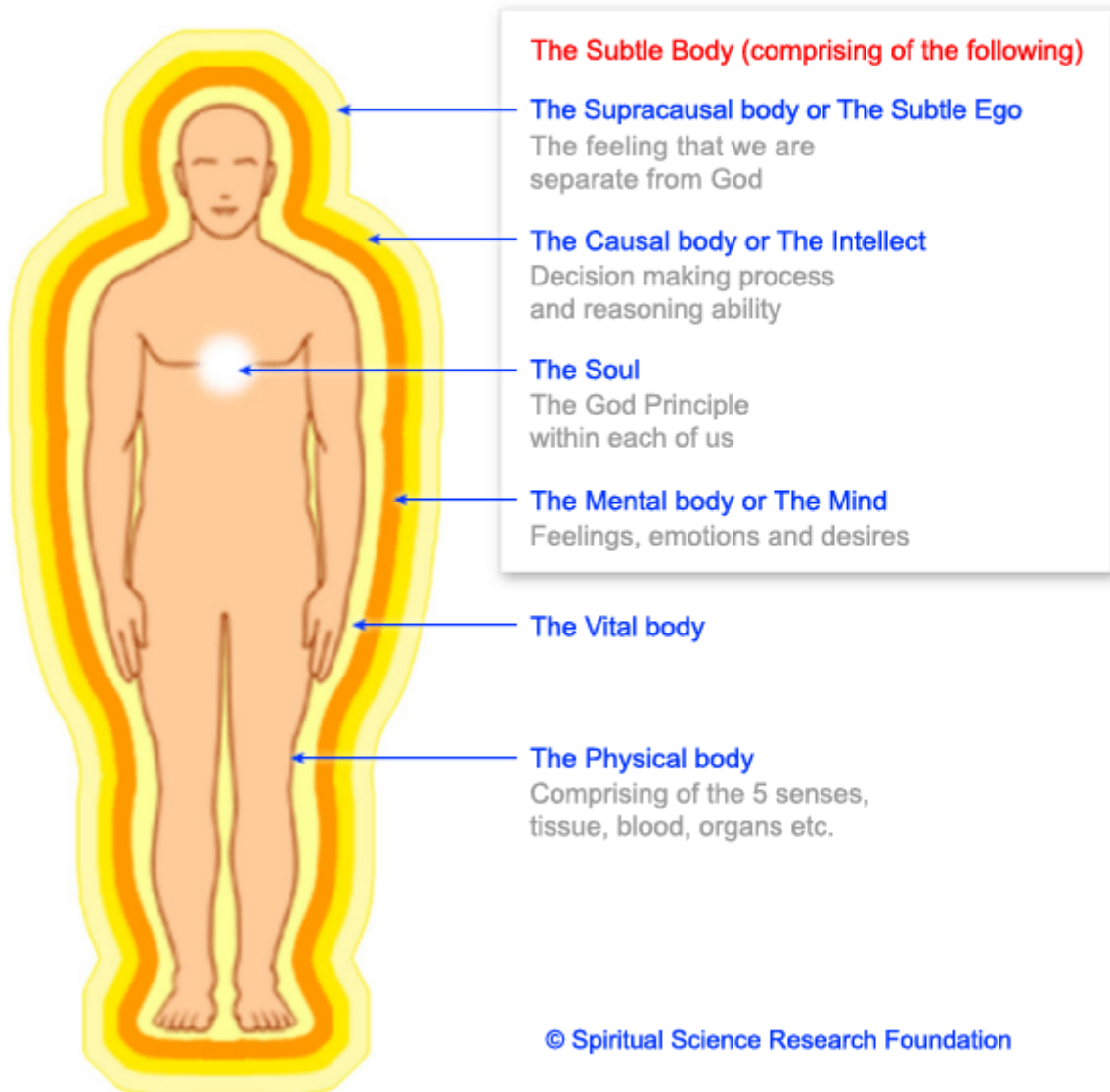


Body Emotional Chart



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 (30th 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 Bhanjan

Appendix 3 - Charn Suteerachai biography, expertise, and experience

Written By Charn (2nd 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 - 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 or alternatively please visit our FB page, Clarity Counseling Services Bangkok or our website at 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.

THE QUALITY OF LIFE FOR THE CHILDREN ON SEBATIK ISLAND, SABAH, MALAYSIA

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Getrude Cosmas

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Abstract

The purpose of this survey was to develop a better understanding of the well-being, life satisfaction and happiness with life among children in Sebatik Island. This study also aimed to identify significant indicators of life satisfaction and happiness with life among island children from the ten aspects of well-being. Data for this study were collected from 122 children with age ranged from 10 to 12 years old from two primary school at Sebatik Island, Sabah. The Good Childhood Index was used to measure overall well-being and in relation to 10 aspects of the life of children. It includes a single-item measure of happiness with life as a whole, a five-item measure of overall life satisfaction. The results indicated that children in Sebatik Island tend to be happy - the mean score on 10 point scale was 8.55. Around 2.5% of the children scored below the mid-point on this scale or only 3 out of 122 young people in Sebatik Island were more unhappy than happy. For life satisfaction scale, the score can range from 5 to 25. Again the result showed the life satisfaction of the children at Sebatik Island was generally positive. The mean score on this scale was 19.93. Only about 3.3% or 4 out of 122 of children at Sebatik Island scored below the mid-point of 15 on this scale. The result indicated that choices in life and good relationship with a friend were the positive and significant predictors of life satisfaction among children in Sebatik Island. Findings also showed three aspects of well-being: choices in life, health condition and own were the positive and significant predictors of children's happiness with life.

Keywords: Children's well-being, life satisfaction, happiness with life, Sebatik Island, Sabah

Introduction

The assessment on the quality of life for island inhabitants has often been an overlapping analysis of their social, economic and cultural isolation. This is primarily due to their geographical location and the availability of modern transportation to these islands (Barrowclough, 2010). The less tangible qualities of island life such as the subjective well-being of island residents especially island children is less emphasized but nevertheless, is a very important factor in assessing the quality of life as this is a vulnerable group of people. As such, various NGOs and government agencies have been set-up to include this group while assessing the quality of life on islanders.. This importance is well emphasized by most countries around the world. Therefore, ensuring a quality life for all categories of the population, including children, is high on the public health agenda (Peterson et al., 2014).

The study on the quality of life for the islander's children is important and valuable because: a) The promotion of the well-being of all categories of the population is a fundamental rights of any society. The level of well-being of the children can be used as a quality index that signifies the well-being of a society. b) The variation of children well-being index differs between nations and geographical location. Bradshaw and Richardson (2009) reported substantial differences in the well-being of children across 29 European countries. The study on the quality of life of the Island children helped in identifying the factors which contributed to this variation. c) Children well-being can be a significant indicator of other underlying issues. A study conducted on a sample of over 4,000 young people, aged between 13 to 18 years old in U.S, reported that life satisfaction was found to correlate to poor mental health, suicide ideation and suicide behaviors (Valois, Zullig, Huebner, & Drane, 2004). d) The study of children well-being can also provide an important information of people's lives. Fattore, Mason, and Watson. (2007) in their study with children in Australia highlighted urgency and control in everyday life and decisions as an important dimension of children's well-being. Having an understanding on the quality of life and components of the well-being of the island's children, the respective government agencies can assess, develop and implement programs, plans and policies on the affected island.

A quality of life survey which focused on the subjective well-being, life satisfaction and happiness with life categories among children was conducted on the Sebatik Island by SIRC researchers from the 3rd to the 6th August 2018. In Malaysia, the definition of a child is

governed under the relevant legislations in accordance with their respective purposes. The Child Act 2001 [Act 611] defines a “child” as a person under the age of eighteen years. The purpose of this survey was to develop a better understanding of the well-being, life satisfaction and happiness with life among children in Sebatik Island. This study also aimed to identify any significant indicators of life satisfaction and happiness with life among island children from the 10 aspects (e.g., relationship with your family, choices in life, own the things, health condition, relationship with friends, appearance, future, home condition, school condition, and time management) of well-being (The Good Childhood Index, 2010).

Metod

Interviews and surveys were conducted with 122 children from the age of 10 to 12 years old from two primary schools at the Sebatik Island, Sabah. The Good Childhood Index was used to measure overall well-being in relation to the 10 aspects of the life of children. The Index also consisted of a single-item measure of happiness with life as a whole, and a five-item measure of overall life satisfaction.

Results

The results indicated that the children in Sebatik Island tend to be happy - the mean score on 10 point scale was 8.55. Around 2.5% of the children scored below the mid-point on this scale or only 3 out of 122 children in Sebatik Island were more unhappy than happy. For life satisfaction scale, the score can range from 5 to 25. Again the result showed the life satisfaction of the children at Sebatik Island was generally positive. The mean score on this scale was 19.93. About 3.3% or 4 out of 122 of children at Sebatik Island scored below the mid-point of 15 on this scale. The result indicated that choices in life and good relationship with a friend were the positive and significant predictors of life satisfaction among children in Sebatik Island. Findings also showed three aspects of well-being: choices in life, health condition and material ownership were the positive and significant predictors of children's happiness with life.

Discussion and Conclusion

The survey conducted in the Sebatik Island provided the researchers, communities and the government with some preliminary data related to the factors that children inhabitanon theSebatik Island felt are important to their quality of life, specifically their life satisfaction and happiness with life on the island. It is important for the researchers, communities and the

government to understand that people who live on a small island were differed on society, culture and environment from those live elsewhere. The data related factors that the islanders identified as being important to a desirable quality of life provided an important information for the respective government agencies to assist in evaluating, planning and implementing programs, plans and policies on the island.

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Use of Falun Gong to Address Traumatic Stress Among Marginalized Clients

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Abstract

Although mental health service providers have focused on the effects of trauma and related interventions for several decades, little is known about pervasive and historic trauma, particularly for socially marginalized individuals. Thus, the clinical issues associated with socio-political oppression have been under-investigated. Coupled with lack of sufficient cultural competence when working with diverse clients, mainstream clinicians frequently lack adequate case conceptualization skills and culturally situated interventions to assist clients from diverse backgrounds. Using traumatic stress as a framework for exploring evidence-based interventions to address long-term, pervasive marginalization and its psychological effects, the authors propose that mindfulness techniques are of particular benefit to this client population. The authors provide a review of culture-centered interventions to address traumatic stress for marginalized client populations with a focus on the use of Falun Gong as a form of mindfulness. Recommendations for practice include the inclusion of traumatic stress theory and techniques in pre-service training, professional development training for practitioners that focus on mindfulness techniques with clients assessed with historical trauma, and web-based training for clinical faculty to enhance their knowledge about traumatic stress, historical trauma, and associated interventions for clients from marginalized communities. The authors offer a recommendation for future research that focuses on studies that explore the usefulness of Falun Gong and other forms of mindfulness with clients assessed with traumatic stress.

Use of Falun Gong to Address Traumatic Stress Among Marginalized Clients

Most recently scholars have begun to investigate the impact of pervasive microaggressions and other forms of systemic oppression on individuals from culturally and socially marginalized groups. Researchers have suggested that trauma affected clients report emotional and psychological impairment, such as depression and anxiety (Harrell, Hall, & Taliaferro, 2003). Other investigators have found that problems interpersonal conflicts and substance abuse problems are evident. Additionally, educational researchers have explored traumatic stress and academic achievement and assert that severe persistent stress due to environmental factors, such as racism, can negatively impact children's academic performance (Goodman, Miller, & West-Olatunji, 2012). The authors use traumatic stress theory as a framework for exploring effective interventions to decrease symptomology due to systemic oppression. The purpose of this paper is to outline the benefits of Falun Gong as a mindfulness intervention when working with culturally marginalized clients. The authors provide an overview of the clinical issues associated with historical trauma and then present Falun Gong as an alternative solution for ameliorating the effects of social marginalization. The authors suggest that Falun Gong is beneficial in addressing the psychological, physical, academic, and financial needs of these particular types of clients. Recommendations for practice include expanded training on Falun Gong as a clinical intervention and an enhancement of the curriculum in various mental health training programs to include more emphasis on mindfulness and, more particularly, Falun Gong. Suggestions for future research focus on developing a national study exploring the impact of Falun Gong practices on traumatic stress symptoms for culturally marginalized clients.

The Effects of Historical Trauma on Marginalized Populations

How individuals cope with trauma is dependent upon their social positioning prior to the onset of traumatic experiences. Some groups of people, such as poor people, the elderly,

culturally diverse, and mentally/physically impaired, are disproportionately affected by traumatic events and experiences based upon institutionalized and historical biases in society. Lack of access to institutional resources and lack of power to control those institutions creates a cycle of socio-cultural abuse that threatens the psyche of culturally diverse individuals.

Yet, mental health professionals have been slow to acknowledge clinical issues related to pervasive trauma & chronic stress due to cultural hegemony (Ibrahim, Roysircar & Ohimshi, 2001). For culturally diverse clients, for example, this has meant diagnoses based upon models of normalcy for middle-class Whites. Research has shown that systemic oppression has deleterious physical and mental health effects. Traumatic stress and psychological distress have been shown to be evident in several studies. Some of the outcomes of systemic oppression are noted in physical/psychological health (Harrell et al., 2003) and education disparities (Goodman, et al., 2012; West-Olatunji, Sanders, Mehta, & Behar-Horenstein, 2010).

Cultural & Clinical Competence. For the most part, traditional perspectives in the behavioral sciences have focused on the client as a poorly functioning individual. An ecological approach considers the possibility of a malfunctioning system and its impact on the client (Pardeck & Chung, 1997). In analyzing some hypotheses to explain why clinicians have been slow to incorporate systemic interventions into their roles and responsibilities, one study suggests that clinicians may “underestimate the power of resources other than their values, skills, and personalities” (Eriksen, 1999, p.33).

An eco-systemic perspective in examining trauma aids in understanding and conceptualizing the needs of culturally diverse communities. Concentrating on the African American experience, researchers have begun investigating the correlates between historical trauma and oppression (Danoff-Burg, Prelow & Swenson, 2004; Harrell et al., 2003; Rich & Grey, 2005; Scott, 2003). Additional work in this area by Seaton (2003) revealed that, in

particular, due to racism, African Americans experience more stressful events than European Americans. In summarizing the Differential Exposure Hypothesis (DEH), Seaton suggested that racism, bias, and discrimination are detrimental to African Americans because they are disproportionately placed at higher risk for psychological disorders. Eco-systemic interventions incorporate an understanding of those external influences that impact an individuals' functioning (Pardeck & Chung, 1997).

Over the past two decades, mental health practitioners across all disciplines have become increasingly aware of the need for clinicians to involve themselves in the role of advocate for their clients (Bryant-Davis & Ocampo, 2005; Constantine & Sue, 2006; Griffen, 1993). Clinicians need to consider their clients within the context of their families and communities, as well as their social, cultural, and religious systems (Boydell & Volpe, 2004). Additionally, assessment and treatment models are needed to intervene with clients who have been impacted by systemic oppression. Clinicians can explore relevant themes to address the context of systemic oppression and the related traumatic experiences. Intervening for trauma due to systemic oppression is necessary for recovery. Through their expanded awareness of sociocultural oppression, clinicians can become healers as well as advocates for their clients (Griffin).

Traumatic Stress Theory. Chronic stress/pervasive trauma, related to systemic oppression, is transgenerational in nature: this is contextualized by historical & systemic oppression resulting in discriminatory legislation and racism in the U.S. Current effects of systemic oppression and trauma may be additive to the historical trauma experienced by previous generations (Goodman & West-Olatunji, 2010). Many of the problems reported by individual trauma survivors also are reported by their partners, including individual stress symptoms, isolation, poor relationship quality, and reduced intimacy. The available literature suggests that trauma and trauma symptoms affect not only the individual but also the people

with whom traumatized persons have a significant relationship (e.g., spouses, partners, children). However, this literature on the systemic effects of trauma is predominantly clinical in nature (Frazier, West-Olatunji, St Juste, & Goodman, 2009). Trauma is experienced intergenerationally despite the absence of direct exposure to a traditional traumatic stimulus as evidenced from the study of Jewish Holocaust survivor's children (Danieli, 1998). This study was also extended to the family members of veterans from World War II and the Vietnam War, indigenous peoples, individuals and groups living under repressive regimes, those experiencing domestic violence and crime, and those living with infection and life-threatening diseases. Symptoms may include depression, anxiety, suicidal ideation and behavior, substance abuse, and violence.

Effective interventions with culturally diverse clients: (a) build on existing knowledge within the client's worldviews, (b) maintain client empowerment and agency, (c) demonstrate reciprocity in the transformation process, and (d) honor the historical and contextual forms of healing within the client's familial and community networks. Some examples of these types of interventions include the use of story circle and other forms of narrative storytelling. More recently, clinical research has explored the benefits of meditation and mindfulness in assisting trauma-affected clients. Both of these types of interventions can be useful in working with culturally diverse clients.

Story Circle. Story circle is a tool to build equal partnerships that foster better understanding and communication among participants with like interests, thereby creating a stronger sense of community (Clay, Olatunji, & Cooley, 2001). The story circle is oral and affective in nature. Stories tell individuals about their whole selves. Clients have the opportunity to share their feelings, thoughts and emotions with other people. They free their spirit in a way that is incomprehensible to outsiders. The term outsiders, refers to either observers of the story circle, or other cultures that may not be familiar with storytelling

traditions in their society. The story circle tends to create a comfortable environment that encompasses warmth and trust. The facilitator's job is to make sure each person connects the themes and patterns that the stories have created. All stories should connect in some way or another. It is also appropriate for members of the story circle to challenge one another after the storytelling has taken place. When it is time to process, members should discuss where they felt connected and focus on feelings and thought processes. The facilitator should also let everyone share responsibility for keeping track of time because it can last a while. Also, a follow-up activity should be conducted for the group as well.

Meditation/Mindfulness. There is plentiful evidence to show that Eastern meditation and mindfulness techniques have beneficial effects on our personal and work life (McGee, 2008; Schreiner & Malcolm, 2008; Schaufenbuel, 2014; Weaver, 2014). One study showed that participants reported significant reduction in anxiety, depression, and stress levels after a 10-week mindfulness meditation program (Schreiner & Malcolm, 2008). Other studies indicated that meditation could alter brain function and even change the physical structure of the human brain, impacting the concept of lifelong neuroplasticity (Davidson et al, 2003; Holzel et al., 2010, 2011; McGreevey, 2012). Weaver (2014) noted some of these studies showed that even novice or inexperienced meditators can rewire their brains and reap the benefits of meditative practices. These modified Eastern meditative and mindfulness techniques have shown to be beneficial effects.

As more people are seeking peace, inner balance, and wellbeing through meditation and mindfulness practices, there is a mushrooming of interest from those in the helping profession to integrate these ancient practices into their work (Brown et al., 2013; Meyers, 2015, 2017; Siegel, 2011; Shallcross, 2012; Trey, 2016b, in press). A survey by the *Psychotherapy Networker* revealed 41.4% of about 2,600 therapists reported integrating certain mindfulness techniques into their professional practice (Siegel, 2011). An online

survey by *Counseling Today*, a publication of the American Counseling Association (ACA), indicated that 87% of counselors reported adopting an integrated practice with mindfulness approaches into their professional work with clients (Meyers, 2017).

Studies in mainland China and around the world indicated tremendous beneficial effects of Falun Gong (Bendig, 2013; Dan, 1998; Lau, 2001, 2010; Li, Q. et al, 2005; Porter, 2003; Summary of health surveys, 2002; Summary of results, 2003; Trey, 2016a, 2016b, 2016c, 2017, in press, Wang et al, 1998). Many individuals (Trey, 2016a, 2017a) have experienced health and wellness healing effects after they started practicing Falun Gong (Clearwisdom, 2005, 2006; McCoy & Zhang, n.d.).

Today, Falun Gong is one of the fastest emergent Chinese meditative movement practices (Trey, 2016a, 2017a, 2017b, in press). For its integration viability, there is a need for pioneers in the field to shoulder greater responsibilities, emphasize on-going research, evaluations, and implement proper documentation on the health and wellness effects of Falun Gong, its auxiliary and integrative potential for the health and wellbeing of counseling and health professionals, clients, and the community at large.

Falun Gong

Falun Gong, also known as Falun Dafa, is a high-level Chinese self-cultivation practice for overall mind, body, and spiritual improvement. It originated from Northeast China. Over the past two decades since its teacher and founder, Master Li Hongzhi first introduced Falun Gong to the public in 1992, there are numerous terms used to describe Falun Gong (Lau, 2010). Most non-Falun Gong writers concurred that Falun Gong is a form of qigong (Burgdoff, 2003; Lowe, 2003; Ownby, 2008a; Porter, 2003; Spiegel, 2002), or a Buddhist qigong system (Penny, 2005). Other expressions used to describe Falun include traditional Chinese religious practice, or revival of traditional Chinese spiritual practice (Ownby, 2000, 2003a, 2005, 2008; Penny, 2003), new religious movement (Irons, 2003;

Ownby, 2003b; Porter, 2005; Wessinger, 2003), and cultural movement (Gale & Gorman-Yao, 2003). Ackerman (2005) referred to the practice as a New Age spiritual movement. Human Rights Watch senior advisor Mickey Spiegel (2002) described Falun Gong as a fusion of many qualities:

A form of *qigong*, an ancient Chinese deep-breathing exercise system sometimes combined with meditation that enthusiasts claim promotes physical, mental, and spiritual well-being by enhancing the flow of vital energy through a person's body. It also includes elements of popular Buddhism and Daoism (Spiegel, 2001, p. 8).

There is hence a mutual understanding that Falun Gong is a form of qigong, a comprehensive spiritual meditation discipline, a quasi-religious practice, or a new Chinese religious movement. However, among Falun Gong practitioners, the practice is better known as Falun Dafa. “Fa” refers to law or principles in the Buddha School teachings (H. Li, 2001, p. 390) that is different from the Buddhism taught by Buddha Shakyamuni or Siddhārtha Gautama. Falun means the “wheel of the Buddhist Law (Penny 2012, p. 5), whereas “Dafa” means the “Great Law or the Great Way” (H. Li, 2001b, p. 2). While Falun Dafa is more befitting and widely used in Falun Gong literature, for the purpose of this White Paper and other peer-reviewed journal articles, the authors have consistently used Falun Gong. This is because the term Falun Gong has remained more popular across different media, popular search engines, and literature by non-Falun Gong people.

Advanced Practice With Ancient Roots. Most Falun Gong literature describe the practice as an ancient Chinese spiritual discipline in the Buddha tradition (Falun Dafa Information Center, 2015a, 2015b; FalunDafa.org, 2012; Minghui.org, 2004; Parker, 2004;

What is Falun Dafa?, 2002; Trey, 2016a, 2016b). Pronounced “Fah-loon Gong,” Falun Gong is an advanced level mind-body and spiritual system with its roots in both ancient Buddhist and Taoist traditions (H. Li, 2001a, 2001b). The *gong* in Falun Gong and qigong connotes exercise or practice but Falun Gong is not synonymous to qigong. The *gong* in Falun Gong refers to a “high-energy substance that manifests in the form of light, and its particles are fine and its density is high” (H. Li, 2001b, p. 5). It is the cultivation of this *gong* that promotes genuine healing, mind-body, and spiritual transformation (H. Li, 2001b). Simply stated, Falun Gong is a peaceful cultivation practice for overall mind-body and spiritual improvement, with moral teachings and five meditative exercises.

At the heart of the practice, Falun Gong teaches three universal principles—Truthfulness, Compassion, Forbearance or *Zhen, Shan, Ren* in Chinese (H. Li, 2001b, pp. 13-17). While some people consider Falun Gong “Chinese yoga” (Parker, 2004, p. 40), the exercises are a lot simpler than yoga and without any imitation of animal movements. Falun Gong has only four standing exercises and one sitting meditation. First introduced to the public in mainland China in 1992, it is an advanced cultivation system and a high-level form of qigong (H. Li, 2001b). Within seven years, Falun Gong rose from obscurity to become one of the fastest emergent spiritual practices. On July 20, 1999, Falun Gong was unlawfully banned. By then, about one 100 million people in China were practicing Falun Gong. About one out of 13 Chinese in mainland China was practicing Falun Gong at the time (Nania, 2013), as a result of the practice’s healing benefits.

Cultivating the heart and mind. A unique feature of Falun Gong lies in its emphasis on heart and mind cultivation. Falun Gong is based on the ancient tradition of self-cultivation, transcending ordinary existence toward a higher state of being, and liberating one from the illusions of this material world. Thus, cultivation calls for relinquishing desires, being

virtuous and uprightness, as well as using special practices techniques to refine both the mind and body.

Falun Gong involves two distinct aspects—cultivation and practice. Cultivation or self-cultivation is an Eastern concept for mind, body, and spiritual improvement (Xie & Zhu, 2004). It is an essential aspect in traditional Chinese culture. Falun Gong emphasizes *xinxing* cultivation, in other words, cultivating the heart and mind (H. Li, 2001a, 2001b). Cultivating the heart refers to improving one's moral character—guided by the principles of truthfulness, compassion, and forbearance. (H. Li, 2001b).

Improving one's mind and heart, or moral character, requires a strong main consciousness. During cultivation, it is important that “the mind must be right” (H. Li, 2001b, p. 245). When one's heart and mind or *xinxing* improves, one's body, mind, and spirit will naturally transform (H. Li, 2001b) and reach optimum health and wellness. So, Falun Gong is more than just a meditation practice; it is a spiritual cultivation system for overall body, mind, and spiritual improvement. Of the two—cultivation versus practice—cultivation is far more important than the exercise practice.

The practice component of Falun Gong involves doing a sitting meditation and four standing exercises. Each exercise has specific health-related aims and benefits (Li, 2001a). Simple, yet beneficial is its health-wellness impact on millions of individuals who turn to Falun Gong for solace. From the integrative counseling perspective, Falun Gong is a mind-body approach embodying the art of self-care as well as serving as an intervention strategy (Lau, 2001), with potential for integration into the helping profession (Trey, 2016a, 2017a, 2017b, 2018; Won, 2017).

Benefits. Practicing Falun Gong has many benefits. It relieves anxiety and stress, increases energy and vitality, improves mind and body, and brings about inner peace and serenity, leading to spiritual growth and enlightenment. Academic research on the therapeutic

effects of Falun Gong is in its infancy. Existing body of Falun Gong literature can be grouped into two categories. The first comprises surveys conducted in mainland China before the onset of the persecution of Falun Gong on July 20, 1999. The second consists of studies completed outside of China after the persecution began (Trey, 2016a). This section provides an overview of studies from both categories.

An independent Taiwan study found that people who practice Falun Gong were physically and mentally healthier than the general Taiwanese population. Respondents reported that Falun Gong helped to eliminate unhealthy and addictive lifestyle habits, like gambling, cigarette smoking, alcohol addiction, and chewing betel nuts—a popular habit in Asian countries (Lio et al., 2003). The study also highlighted Falun Gong’s medical cost-saving potential, indicating a 50 percent decrease in the use of medical health insurance for Falun Gong respondents (Research report from Taiwan, 2003). Researchers from another study reported a 73% improvement rate in the respondents’ health and wellness (Russia: Report on the healing effects, 2003). Further, in the U.S., a team of medical doctors and researchers examined the effects of Falun Gong on gene expression and the role of neutrophils in Falun Gong practitioners (Q. Li, Li, Garcia, Johnson, & Feng, 2005). Findings from their pilot study revealed superior gene expression, enhanced immunity, and longer lifespan of neutrophils in Falun Gong respondents.

Discussion

Falun Gong is a useful alternative to existing interventions for traumatic stress because of its focus on relieving anxiety and bringing about innerpeace. Contemporary research exploring traumatic stress as it relates to racial bias suggest that individuals report unhealthy and addictive lifestyles as a means of coping with the daily microaggressions. Falun Gong allows clients to become more congruent in their perspectives on mind body connection. Falun Gong is likely to target the psychological and physical issues associated

with traumatic stress and provide clients with less cognitive distress leading toward better decision-making and clear a thought patterns. Falun Gong also provides clients with a cost-effective intervention that makes it accessible to clients across th socio-economic spectrum.

Moreover, Falun Gong is an intervention that can be conducted within systems, such as family, work, and organization. Use of Falun Gong within the family system is likely to impact interpersonal conflicts that may result from ongoing stressors within the social environment. Parent-child, sibling, and couple interactions can be improved when family members engage in Falun Gong practices together. In this manner, families can share in countering the effects of institutional racism and Falun Gong can serve as a coping mechanism for reducing the associated stress. Within the working environment, employees can become much more productive when they are able to reduce the stress related to workloads and any differential treatment that some members of within the working varmint my experience. This would allow for opportunities to clearly think through forms of advocacy for themselves and for others who may be victims of microaggressions in the workplace. On the organizational level, but Falun Gong can assist organizational members in finding harmony, improving collaboration efforts, and thinking clearly about strategic goals and initiatives for the organization. Rather than becoming riddled with interpersonal conflicts due to competing demands, issues of power and control among various factions, or challenges caused by lack of member engagement or financial concerns, organizational leaders are able to stay focused on how to work toward a unified goal. Falun Gong is still new to the mental health professions but it is promising as an effective intervention, particularly when working with clients experiencing traumatic stress in a variety of settings.

Recommendations for Practice

Suggestions for improving clinical practice include the inclusion of traumatic stress theory and techniques in pre-service training as well as professional development training for

practitioners. Additionally, it is recommended that clinical faculty enhance their knowledge about traumatic stress so that it can be integrated into the various curricula in mental health training programs. Pre-service and practitioner training could focus on mindfulness techniques with clients assessed with historical trauma. For faculty, web-based training would enhance their knowledge about traumatic stress, historical trauma, and associated interventions for clients from marginalized communities. The authors offer a recommendation for future research that focuses on studies that explore the usefulness of Falun Gong and other forms of mindfulness with clients assessed with traumatic stress.

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