

CONSCIOUSNESS AND COGNITION IN ALTERNATIVE HEALERS:

*AN INTERIM REPORT ON RESEARCH INTO THE RELATIONSHIP
OF BELIEF, HEALING, AND PURPORTED SUBTLE ENERGIES*

M. Allan Cooperstein, Ph.D.

ABSTRACT

This ongoing research explores the psychological processes associated with the attempts of individuals who attempt to beneficially influence the physiology of living organisms through such methods as wishing, laying-on of hands, prayer, and the purported transfer of subtle "energy." Participants met specific criteria of social and/or scientific acceptability. A multiphasic research approach is explored in which the writings of a variety of healers were analyzed. A content analysis of the writings of 3 scholarly healer-researchers clarified and objectified healers' esoteric language, and an experiential inventory was developed. A systematic analysis was then performed using 10 books written by well known healers in combination with 10 taped interviews of individuals who demonstrated healing (or biological influencing) under controlled conditions. Interviewees also ranked the importance of each major area of consciousness.

Ranked averages indicate that the principal features of Transpersonal Healing (TH) are alterations in attention, cognitive processes and sense of self. Qualitative analysis reveals that TH involves self-regulation of attention, physiology, and cognition, the induction of altered awareness and reorganization of the healer's construction of cultural and personal realities. Attention is directed towards intrapsychic processes, resulting in (1) increased accessibility of subconscious materials, (2) enhanced empathy, (3) heightened emotional responses, (4) modified attitudes, (5) altered meanings, and (6) distortions in time sense. Most significant among ontologic changes is a modification, or transcendence, of the healers' ordinary sense of self and absorption within functional beliefs. TH healer types appear to represent a range of contemporary subtypes of "pure" shamanic practice, the core process of TH being described as encompassing methodologies used to intentionally activate an endogenous healing potential. A taxonomic system is proposed and recommendations for future research are presented.

KEYWORDS: Healing, subtle energy, psychokinesis, consciousness, physiology, ritual practices, religion, mysticism, and shamanism

INTRODUCTION

Blessed Lord [Krishna] spoke: I am the ritual, I am the sacrifice, I am the offerings, I am the medicinal herb, I am the sacred text, I am the clarified butter, I am the fire, and I am the pouring out (of the oblation).

—Bhagavad Gita, 9:16¹

I create the fruit of the lips; Peace, peace to him that is far off, and to him that is near, saith the LORD; and I will heal him.

—Isaiah, 57:19²

And when he had called to him his twelve disciples, he gave them power against unclean spirits, to cast them out, and to heal all manner of sickness and all manner of disease.

—Matthew, 10:1²

So-called “miraculous” healing has been reported since the biblical era. However, its origins appear related to magical and religious healing traditions dating as far back as 15,000-40,000 years.^{3,4} Referring to an event as miraculous implies that it is inexplicable by natural law and is, therefore, interpreted as supernatural in origin, an event arousing awe, astonishment and often, surprise. For the purpose of this writing, enigmatic healings of this type will be described as *anomalous*, diverging from the accepted understanding of the operations of physical reality as defined by the predominant trends in scientific belief.

In contemporary Western societies, culturally unorthodox, non-instrumental physical healing procedures are known by many names, but little is known about the psychology underlying the consciousness-matter interactions that may be involved. After initially surveying a broad sample of the writings of a variety of healers, many seemed to alter their ordinary consciousness during healing and described the induction of a state in which they transcended sensory reality. Some experienced an altered sense of self, frequently claiming that the healing power was beyond the ordinary limits and abilities of their familiar, personal selves.⁵⁻⁹

Transpersonal experiences refer to a range of occurrences involving some degree of transcendence of ordinary, external reality-testing, changes in ontological orientation, sociocultural conditioning and personal identity. For this reason,

I designated *Transpersonal Healing* (TH) as the term to be applied to *all unorthodox or non-traditional (by Western standards) healing methods used to beneficially influence the physiology of living organisms or persons through non-physical means without a consistent reliance on drugs, herbs, or physical instrumentation as the primary modality of healing.*

PROBING THE PSYCHOLOGY OF TRANSPERSONAL HEALERS: A RESEARCH APPROACH

Historically, the majority of experimental healing studies examine healing effects exclusively while neglecting examination of the healer as the source of the effects. This research focuses upon the phenomenology, or inner experiences, of transpersonal healers and is comprised of a multistep procedure:

1. A survey of the writings of a variety of healers to detect, extract and compile all psychological factors to be used in defining healers' experiences.
2. A detailed content analysis of the writings of 3 scholarly healer-researchers used to clarify and objectify healers' often-obscure language. (*See Table I page 188*).
3. The development of an experiential inventory—The Inventory of Transpersonal Healing Experience (ITHE)—to establish a standardized procedure by which areas and items pertaining to healers' experiences could be organized for further analyses.
4. Application of the ITHE in an analysis of the texts of 10 books written by well-known healers and taped interviews of 10 individuals, all who demonstrated some ability to heal (or biologically influence) under controlled conditions (*see Table II page 189*).
5. Author and interviewee response percentages were analyzed by experiential area (*see Figure 1 page 190*).
6. Interviewees ranked the importance of each major area of healing for statistical averaging. This provided an index of those psychological areas or processes considered most important to their healing experiences¹⁰ (*see Table III, page 191*).

Table I

Features of Transpersonal Healing Represented in Preliminary Content Analyses of the Writings of 3 Scholarly Healer-Researchers

ALL AUTHORS	TWO AUTHORS	ONE AUTHOR
Self-regulation	Enhancement of intuitive process (Ψ TT)	Focused intent (TT)
Induction of nonordinary consciousness/awareness	Nonegoic volition (Ψ TT)	Intense faith/belief (S)
Attitudes of love, caring sympathy, and altruism	Relaxation through the reduction of physical-mental tensions (Ψ TT)	Nonordinary perceptions time and space (Ψ)
Intense concentration with effort	Enhanced mind-body integration (Ψ TT)	Suspension of critical thinking (Ψ)
Involvement of primary process in the form of imagination and fantasy	Selflessness (Ψ S)	Purported similarity to a hypnagogic state (S)
Creative processes are stated or implied as being involved in the healing process	Decreased inner dialogue (Ψ TT)	Global sense of interrelatedness or interconnectedness (Ψ)
Mystical union, "merging," or "attunement" with client universal force, God, or the ground of Being	Weakening or dissolution of personal identity (Ψ S)	
	Somatic sensations of rhythmic "vibrations" or "energy" (TT S)	

KEY

Ψ = Psychic Healing, LeShan⁷

TT = Therapeutic Touch, Krieger¹¹

S = Spiritual Healing, Beard¹²

Table II
Healers and Healing Types Represented in Content Analytic Data

NAMES	SELF-DESIGNATED HEALING TYPE	PARTICIPATION IN RESEARCH
Authors		
1 Mary Baker Eddy	Christian Science Healing	None
2 Harry Edwards	Spirit Healing	Rose ¹³
3 Ernest Holmes	Science of Mind Healing	None
4 W. Brugh Joy, M.D.	Transformational Healing	None
5 Dean Kraft*	Psychic Healing	Kmetz ¹⁴
6 Bruce MacManaway	"Healing"(laying-on of hands)	None
7 Agnes Sanford	Spiritual Healing	None
8 Heinz Schiegl	Magnetic Healing	None
9 Keith Sherwood	Spiritual Healing	None
10 Olga* & Ambrose Worrall	Spiritual Healing	Dean & Brame ¹⁵ Rauscher & Rubik ¹⁶ Rauscher & Rubik ¹⁷
Interviewees		
11. Richard Batzler	Spiritual Healing	Miller ¹⁸
12. William Braud	Bio-PK Influencer	Braud ¹⁹ Braud & Schlitz ²⁰ Braud & Schlitz ²¹
13. Rosalyn Bruyere	Energy Healing	Hunt et al. ²² Schwartz et al. ²³
14. Joyce Goodrich	LeShan Method, Type I	LeShan ²⁴
15. George Ille	Transfer of Energy	Grad ²⁵
16. Jim Isaacs	Transmission of Universe Energy	Dean ²⁶
17. Douglas Johnson	Psychic Healing	Dean ²⁶
18. Janet Quinn	Therapeutic Touch	Quinn ²⁷
19. Marion Moore	Natural Healing	Dean ²⁶
20. Mietek Wirkus	Transfer of Energy	Waletzky ²⁸ Fahrion, Wirkus & Pooley ²⁹

*Demonstrated significant results under controlled conditions.

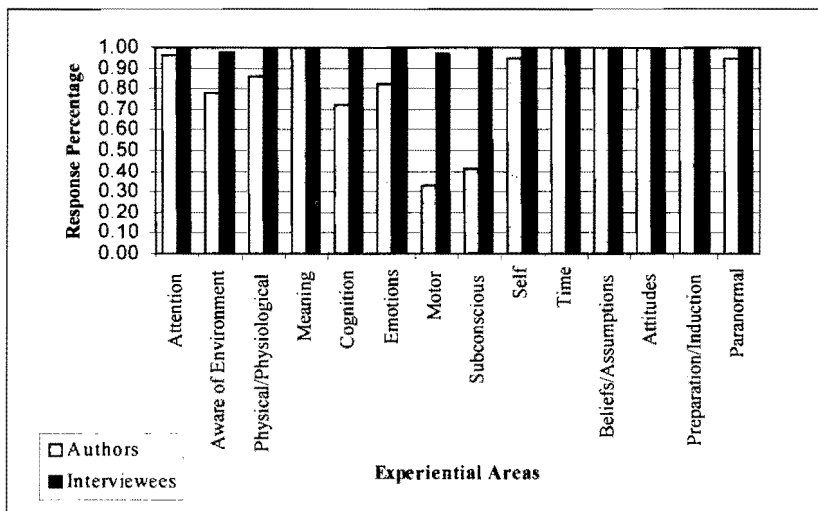


Figure 1. Healer and interviewee response percentages by experiential area.

STAGES IN TRANSPERSONAL HEALING

The Blessed Lord [Krishna] spoke: Expelling outside contacts and fixing the gaze between the two eyebrows, equalizing the inhalation and exhalation, moving within the nostrils, The sage whose highest aim is to release; whose senses, mind and intellect are controlled; from whom desire, fear and anger have departed, is forever liberated. Having known Me, the enjoyer of sacrifices and austerities, the mighty Lord of all the world, the friend of all creatures, he (the sage) attains peace.

—Bhagavad Gita, 5:27-29¹

As the three most important factors in TH, interviewees ranked their *alterations in attention, mental processing and changes in their ordinary sense of self* (or personal identity), respectively. These changes occurred in the following stages:

STAGE 1—INITIATION: Self-Regulation and Effortful Focus

At treatment onset, most healers consciously control their mental processes by using a meditative self-regulation of attention, physiology, and cognitive processes: “Centering,” meditative prayer or healing meditations. Although healers generally report the consciously induced initiation of the healing

Table III
 Averaged Rank Order of Transpersonal Healing Experiential Areas
 and Correlations Between Author & Interviewee Responses

Rank	Area Of Consciousness	Averages	r*
1	Attention	2.6	0.87
2	Cognitive Processes	4.1	0.86
3	Sense of Self	5.9	0.66
4	Beliefs and Assumptions	6.2	0.89
5	Somatic and Physiological Features	6.9	0.63
6	Preparation and Induction of "Healing State"	6.9	0.81
7	Emotions	7.5	0.57
8	Attitudes	7.6	0.65
9	Subconscious Processes	8.1	0.04
10	Awareness of and Contact with External Environment	8.8	0.63
11	Time Sense	9.4	0.87
12	Purported Paranormal Experiences	9.9	0.81
13	Meaning	10.4	-0.81
14	Motor Activity	10.7	0.84

* Depending upon the number of items available for scoring, authors not addressing aspects or areas of the healing experience affected some correlations. This occurred in Environmental Awareness, Motor Activity, Subconscious Activity and Cognitive Processing. Interviewees responded to all areas. In some instances, the number of items within an area was sufficient to compensate for authors' deficits and still produce substantial correlations. For example, Cognitive processes, a broad area of inquiry with many items, was unaffected while the correlation for Subconscious Processes was affected due to authors' lack of response (see Figure 1).

attempt, there appears to be an initial, often subliminal, subconscious activation of a preparatory set that is triggered by situational demands or conscious intent.³⁰

Attention is usually focused—effortfully at first—upon one aspect of experience, whether a mental image, mantra, one's breathing rhythm, or a concept. Unrelated sensory information is rejected. Sustained concentration and withdrawal of attention from the physical environment eventually facilitates a shift in awareness. The healer's personal attitudes, goals and system of conscious and unconscious beliefs shape the process.

STAGE 2—AMPLIFICATION: Absorbed Attention & Psychophysiological Change

Over time and with practice, attention is more effectively withdrawn from the external world at large and directed (with increased absorption) towards the object of attention, whether it is external or internal to the healer. There is a heightened awareness of and sensitivity towards one's inner processes, usually without losing full awareness of the external world. Healers' physical movements tend to be reduced and they may experience altered meanings. Most healers report a reduction in their level of physiological arousal: decreases in heart and pulse rates, muscle tension and respiration. With the shift towards nonordinary consciousness and a weakening of the constraints of time and space, there is an ascendance of ordinarily subconscious processes.

STAGE 3—TRANSITION: Accessing the Transpersonal Threshold

Nonordinary physical sensations may be experienced at this point, including "energy," "vibrations," rhythmic sensations and extraordinary heat or cold. Time distortions or a sense of timelessness is often reported. Analytical and critical thinking is reduced and there is a sense of heightened expectations. Verbal thinking decreases, sometimes to the point of "inner silence," and heightened emotional reactions are felt. The healer gains increased access to (normally) subconscious processes, resulting in sudden, information-bearing intuitions in the form of mental images, symbols or physical sensations.

STAGE 4—IMMERSION: An Existential Shift

Among some healers, sustained absorption produces substantial changes in the normal awareness of their body and its boundaries and there may be an accompanying weakening of personal identity. As this progresses, healers may "lose themselves" temporarily in a surrender to (and absorption within) the object of attention: e.g., the client, an object (e.g., dowsing pendulum or radionics device), a believed-in "energy" (e.g., *Prana* or *Qi*), or spiritual or deceased beings. These contribute additively towards an alteration in a healer's

sense of self as part of a more global alteration of his/her general being. This is marked by an increased, uncritical acceptance of an alternative reality within which parapsychological (or *Psi*) events—including healing—are presumed to occur and accepted as “real.” This is, in fact, an “existential shift,” or alteration in the Generalized Reality Orientation: “the structured frame of reference in the background of attention which supports, interprets, and gives meaning to all experiences.”³¹

STAGE 5—RETURN: Re-Entering Ordinary Consciousness

The return to ordinary consciousness may be so subtle as to be unnoticeable or may require a period of adjustment and/or reorientation: this is a function of the frequency with which healers access nonordinary consciousness and the degree of integration of the discrete state of consciousness used for healing with the ordinary consciousness of daily activity.

G. Frank Lawlis refers to “Return” as the final phase in rituals.³² In this phase, the individual returns to the community with recognition that they have changed and they receive communal support for that change. Lawlis is referring, however, to a more socially based change process and not the often-solitary activities found among Transpersonal Healers.

SETTING THE STAGE FOR CHANGE: SET MOBILIZATION & THE SUBCONSCIOUS

The Blessed Lord [Krishna] spoke: “What is action? What is inaction?” Thus even the wise are confused in this matter. This action I shall explain to you, having known which, you shall be released from evil. . . . He who has abandoned all attachment to the fruits of action, always content, not dependent, even when performing action, does, in effect, nothing at all. . . . Performing action with the body alone, without wish, restrained in thought and self, with all motives of acquisition abandoned, he incurs no evil.

—Bhagavad Gita, 4:16,20,21¹

Effective TH may be considered a parapsychological event: a “purported interaction between organisms and their environment (including other organisms) that appears to transcend the ordinary constraints of time, space, and force” which, in this case, takes the form of intentional psychokinesis (PK).³³ Psi phenomena

have long been associated with subconscious (i.e., unconscious and preconscious) processes and cannot be made to occur by personal will or conscious intent alone. Conscious cognition may participate with subconscious operations by serving to direct attention towards the object or situation to be engaged and influenced.³⁴⁻³⁷

P psychology has long recognized that *intent* can organize a potentiality of consciousness.³⁰ Although most transpersonal healers generally emphasize intentionality as a conscious attempt to heal or set goals, *subconscious alterations of awareness of which healers are largely unaware may precede conscious intent.* These changes—first in the healer’s subconscious processing, then their physiology, then on a conscious level—provide a foundation that is potentiated more fully when meditative, self-regulative techniques and cognitive changes are applied. The preparatory set puts in motion a departure from habituated, ordinary physiological and psychological operations, establishing the internal conditions (*e.g.*, sensations and perceptions) that the healer associates with the onset of the “healing state.”

The potency of subconscious mental processes may outweigh the conscious aspects of the process. Because healers frequently induce a changed state of consciousness associated with healing, over time these practices would be expected to produce *conditioned* responses, the subtle changes in attention, cognition, sensation and perception occurring prior to the healer’s awareness of the conscious intent to enter a “healing state.” If this is accurate, subconscious reactions may occur independent of the healer’s conscious intent to heal and could be activated by other, non-healing stimuli. This is supported by the following examples:

1. An interviewee whose “healing set” was activated in a non-healing, social situation while listening to classical music:

It’s interesting because I have spontaneously had the experience of listening—with someone in the room, conversing with them—listening with them to a piece of classical music . . . and I was grabbed into that state of consciousness that’s the healing state. I mean, I had no choice. It pulled me into it. . . . My analysis of it—and I’ve played with this because it doesn’t always happen and it’s rare—seems to be when either the performance, the artist or the piece comes closest to the ideal. . . . If the artist is at one with the possibilities of the music and it’s very fine music.

2. An interviewee who reports being drawn involuntarily into intense, absorbed involvement by a source beyond conscious awareness:

I have had something happen to me . . . since I began to work with [healing]. If I'm seeing a film or a picture or on the street or something and something triggers it, I just "pull," I get sucked into it, I'm much more open to it.

3. Healers claiming a *lack of conscious effort* in altering attention during attempts to heal and asserting that personal will interferes with the healing attempt.
4. Reports of *spontaneous, global changes in consciousness* accompanied by perceptions of "heat" and other quasi-"energy" sensations occurring during a crisis, *prior* to conscious awareness of the desire to help.

SETTING ASIDE THE SELF:

DETACHMENT AND THE RISE OF TRANSPERSONAL CONSCIOUSNESS

The Blessed Lord [Krishna] spoke: With his intellect unattached at all times, with conquered self, free from all desire, by renunciation, one attains the supreme state of freedom from action. . . . Endowed with a pure intellect, controlling the self with firmness, abandoning sound and other objects of sense . . . relinquishing egotism, force, arrogance, desire, anger and possession of property; unselfish, tranquil, he is fit for oneness with Brahman.

—Bhagavad Gita, 18:49,51,53¹

Experienced healers consciously use self-regulative techniques to enhance and amplify the conditioned, subconscious reactions—or preparatory set—described above. These techniques include reducing sensory information by closing one's eyes, operating in quiet surroundings, decreasing physical activity, focusing and internalizing attention through meditative techniques, and reducing the frequency of breaths taken while deepening breathing and setting a consistent respiratory rhythm.

A relaxed physiological state of *hypoarousal* is induced among the majority of healers examined in this research. Although two interviewees report inducing hyperarousal, both conditions are associated with alterations of consciousness and either type may merge into the other at its extreme.^{38,39} At first, and with

some effort, healers concentrate their attention toward a single focus. Often, this is a physical sensation or process or a mental representation of the client, although other foci may be used. Metaphorical (i.e., symbolic) mental constructs augment the healer's ordinary concepts of reality and self, extending them beyond cultural, social, and personally-conditioned definitions and limits.⁹

Throughout the process, the healer's environmental awareness decreases, but does not usually reach the point of a complete divorce. Instead, attention becomes less focused and more evenly dispersed, marking a *zone of transition* from personally guided attention towards a less focused, more impersonal, detached, and "expanded" awareness.⁴⁰ A practice effect is indicated among trained healers, the capacity for sustained, effortless concentration becoming increasingly stabilized within each healing session and across sessions.

A clear correspondence exists between the general characteristics of altered consciousness and those associated with "healing states:"⁴¹

- Weakening or suspension of conventional defining categories of experience, such as time, space, and personal identity.
- Reduced culturally conditioned thinking and behavior.
- Increased spontaneity.
- Expanded range of heightened emotional responsiveness.
- Increased primary process thinking.
- Ideational, or conceptual, fluency.
- Reduced logical, analytical, object-based, discursive thinking.
- The emergence of non-sequential, non-analytic, non-rational, and metaphorical thinking.
- Surrender of conscious volition.
- Alterations in body image.
- Increased mental imagery.
- Changes in ordinary significance and meaning.
- Altered perceptions involving figure-ground reversals and a dominance of object *qualities* over form.
- Increased sympathetic/empathic reactions.
- Physiognomic perception.^{42,43}
- Hypersentience due to diminished "filtering" and processing of sensory information.

During the healers' attempt to alter consciousness, attention is often directed internally and reduced (or heightened) arousal level effects a breakdown of habituated egoic operations. This results in a de-habituation—or “deautomatization”—of mental processes supporting survival-oriented operations in the physical world.⁴⁴

Through sustained concentration, self-reflective awareness abates. There is a breakdown of self-other boundaries and greater involvement with—or *absorption* within—the object of attention and the tendency to merge with it in an empathic or sympathetic reaction.

Personal will is displaced by detached, impersonal, non-striving volition. At this “access level,” or threshold, of transpersonal consciousness, an appositional, *ego-dystonic co-consciousness* emerges alongside ordinary consciousness, at variance with that which is more familiar and normally associated with the personal self.^{45,46} The former may be experienced as an impersonal “self,” or “presence,” upon which are projected characteristics arising from the healer's personal and/or cultural beliefs. Typically, these are described as sources of increased “energy” or “power” existing beyond the self: *e.g.*, a deity, “spirit,” or “universal intelligence,” a state of deific (*e.g.*, Christ or Krishna), transcendent consciousness in which the healer has immersed his/her identity with that of a deity, a spiritistic, or discarnate entity, or an ordinarily inaccessible aspect of one's self. As will be seen later, many healers blend these categories.

FUNCTIONAL BELIEFS: METAPHORS, MYTHS, AND SYMBOLS

Krishna said: Worshippers of unseen forces go to the unseen forces, worshippers of ancestors go to ancestors, worshippers of spirit entities go to them, and those who worship Me come to Me.

—Bhagavad Gita, 9:25¹

It is not our capacity for the mythological or religious mode of consciousness that is dying in this current time, but a specialized style of relationship to it . . . in which the world is seen as the literal projection of one's belief system.

—Larsen⁴⁷

The shape and degree of healers' journeys into transpersonal consciousness is determined—and limited—by their goals and systems of beliefs. For example,

Lawrence LeShan refers to a “spirit entity” produced by Eileen Garrett (a trance medium and clairvoyant) as a “functional entity:” “A functional entity *is* what it does and when it does it. Further, it only is (or serves) *when conceptualized* by a perceiving and conscious entity.”^{7(p.213)} In fact, Garrett’s “spirit entity” may be interpreted as a *mediating construct*.⁴⁸ The function of a construct in this capacity is to catalyze a creative resolution of the medium’s intrapsychic tension originating from the need to integrate conflicting conscious and subconscious contents.⁴⁹

In healing, healers’ belief constructs operate similarly, reconciling differences between the Western healer’s “normal” worldview—in which TH is impossible—and alternate reality constructions in which TH is not only possible, but likely to occur. Meditatively induced, nonordinary consciousness in combination with these constructs facilitates the reduction of dualistic thinking. The implementation of *mediating beliefs* synthesizes incompatible cosmologies, extending the limits of the physical world, one’s relationship towards it and the definition of one’s self.

The heterogeneity of beliefs found among Western healers may stem from the absence of a culturally-shared reality paradigm to validate, explain, and integrate their personal healing experiences within an overarching metaphysics. LeShan observes that, whatever an individual’s choice in the selection of a metaphysical system, the organization must be consistent, structurally valid, and wholly accepted.⁷ The culturally deviant beliefs used by transpersonal healers, however, suggest that the types of beliefs used provide *various degrees* of metaphysical re-orientation as deemed necessary for the healer’s purposes. Thus, the beliefs of Western healers take many hybrid forms, embraced solely by the healer or shared within delimited social or religious groups.

The functional belief constructs used by Transpersonal Healers are, in fact, metaphors providing a means of communicating to the conscious mind the impalpable or ineffable contents of the subconscious. This takes the form of symbols of transpersonal experience, often embracing concepts involving alternate realities. Healers’ metaphors, then, are personal and cultural projections of the subconscious: what is “essentially an unconscious content that is altered by becoming conscious and being perceived takes its colour from the individual consciousness in which it happens to appear.”⁵⁰

The metaphor imparts knowledge and reduces tension existing between disparate concepts or experiences by implementing imagination in a creative synthesis.^{51,52} Transpersonal healers' use of metaphorical constructs mediates the intrapsychic tension produced by the juxtaposition of opposing, rational (empirical) and nonrational (non-empirical) beliefs.

Metaphors have long been associated with symbolism and human myth-making.⁵³ Myths aid in problem-solving, interpretation, and guiding behavior in the resolution of human affairs, whether on a collective or personal level.⁵⁴ Krippner states that "myths are narratives or statements that address existential human concerns in ways that have behavioral consequences."⁵⁵ Myths have also been defined *cognitively* as *mental structures* that "order natural and social data into a coherent pattern for members of a particular group" and as *creative, transforming symbols*.^{56(p.64),57} Jung refers to myths as symbols, claiming that they are organized at the interface "between unconscious and conscious cognition."⁵⁸ Although myth is perceived consciously as symbols, these projections of the subconscious manifest in personal and/or culturally familiar forms and appear to be the products of an archaic mode of mental processing.

Myth may be defined using the following features:

- Myths *communicate knowledge* in verbal or visual forms, usually as metaphors or symbols.
- Myths address *collective or personal themes* related to *human concerns*.
- Myths *organize* and *integrate* conceptually concrete or abstract information into a comprehensible, coherent, and *personally-involving or culturally meaningful* system.
- Myth is *motivating*, engaging human *imagination* and *symbolizing* capabilities.

Mythic beliefs are not simply impressed upon passive psyches: there is a highly involving interaction of psyche and symbol infused with the human striving to engage, to integrate, to understand, and the need or "passion" to give form to the formless, to manifest the unmanifest. According to Joseph Campbell, myths evoke a *direct awareness* of a fundamental reality.⁵⁷ The full perception of this reality may produce feelings of awe, respect, and humility and provide a cosmological "map" of reality expressed in cultural terms and forms readily understood by a society.

Used for guidance and understanding in everyday functioning, mythic constructs and themes provide an infrastructure for the words and symbols identified with the cultural “grids” that pattern ordinary perceptions and cognitive processes.⁵⁹ *To access the full, transforming power of myths, however, a temporary restructuring of consciousness is often required.*^{38,60} During these alterations, habituated, survival-based concepts anchoring the individual to the physical, social, and cultural planes of functioning are integrated with, or replaced by, mythic themes and constructs, thereby bridging concepts of the physical world and those of alternate reality concepts.

MYTHIC CONSCIOUSNESS

The Blessed Lord [Krishna]spoke thus: This form of Mine which you have beheld is difficult to see; even the gods are constantly longing to behold it. Not through study of the Vedas, not through austerity, not through gifts, and not through sacrifice can I be seen in this form as you have beheld Me. By undistracted devotion alone can I be known, and be truly seen in this form, *and be entered into*, Arjuna.

—Bhagavad Gita, 11:52-54¹

And if I go and prepare a place for you, I will come again, and receive you to myself; that where I am, there ye may be also. And where I go ye know, and the way ye know. Thomas saith to him, Lord, we know not where thou goest; and how can we know the way? Jesus saith to him, I am the way, and the truth, and the life: no man cometh to the Father, but by me. If ye had known me, ye should have known my Father also: and from henceforth ye know him, and have seen him.

—John, 14:3-7²

In all cultures, functional beliefs are woven into the fabric of myth, embedded within a cohesive, structured, schematized system that, when used as a reference in “normal,” waking consciousness, provides knowledge that guides everyday subsistence and social behaviors. When mythic beliefs are incorporated into ritualistically-induced ontologic alterations, however, they operate as *transpersonal pathways*, projections of personal and cultural belief within which one becomes wholly “immersed” through the dissolution of the everyday self, identification, and absorbed involvement.

Among transpersonal healers, the induction of altered, mythic consciousness ultimately effects a transformation in the individual’s metaphysical orientation. This is found in the alterations in the sense of identity—or “existential self”—

and one's changed relationship towards physical reality.⁶¹ Attention is directed away from psychological systems supporting the ordinary self (body image and personal identity) that is maintained in the background of consciousness through memory and serves as an index against which individuals compare their state of being. Thus, existential and metaphysical alterations are evoked by healers' absorption within metaphorical or mythic realities, becoming the *sine qua non* of TH.

Mythic beliefs support, explain and provide a meaningful rationale for healing attempts, methods, and alleged effects. They are synthesized from (a) the healer's cultural and subcultural indoctrination, (b) conscious choices, (c) level of independence from popular reality-concepts and substitution of alternate theories of reality that modify or extend the boundaries of physical reality, and (d) the healer's ability to tolerate diffuse or disparate concepts and forms.

Healers' participation within a mythic, or "alternate," reality is limited by their capacity to *detach from their ordinary selves* (or dissociate)^{62,63} to become fully *immersed, or absorbed*, within a projected, alternate reality, its systems and operations, and to *tolerate the transient ambiguity* when disengaging from the forms and organizing concepts of sensory reality and prior to the emergence of the internally-generated mythic reality.

The healer's ability to endure the uncertainty and indeterminacy resulting from the loosening of one's hold on the organizing effects of physically-based reality is a trait that is more personal than cultural, and has been associated with cognitive flexibility, open-mindedness and creative functioning.^{64,65} This suggests that the level of conformity to existent concepts and ability to tolerate ambiguity are governed by the healer's comfort level and choice of mythic beliefs used to modify and extend "normal" reality.

SHAMANISM AS PROTOTYPAL TRANSPERSONAL HEALING

The Blessed Lord [Krishna] spoke: The trouble of those whose minds are fixed on the unmanifest is greater, for the goal of the unmanifest is attained with difficulty by embodied beings. But those who, renouncing all actions in Me, and regarding me as the Supreme, worship Me, meditating on Me with undistracted yoga, Of those whose

thoughts have entered into Me, I am soon the deliverer from the ocean of death and transmigration, Arjuna. Keep your mind on Me alone, your intellect on Me. Thus you shall dwell in Me hereafter. There is no doubt of this.

—Bhagavad Gita, 12:5-8¹

The shaman lives in two simultaneous realities: the inner dream space in which spiritual encounters transform the perception of the external world, and the external world which becomes a stage on which the shaman transferentially reenacts an internal drama, the mythos of his dream, his divine purpose as healer. Each time the shaman enters trance for his patients and confronts the perceived agents of affliction, there is psychological integration for the shaman. He confronts himself for the betterment of the patient and/or community. The shaman mediates between the realms as a psychopomp, bringing heaven and earth, spirit and humankind, together.

—Peters⁶¹

Shamanism is an ancient form of magico-religious practice extending at least as far back as the Paleolithic era. In the most precise use of the term, it applies to magico-religious practices found among hunting and gathering tribes in Siberia and Central Asia. A synthesis of metaphysics, TH, autosuggestion, religion, creativity, and parapsychological phenomena, shamanism pre-dates Eastern systems of meditation.

Mircea Eliade, who claims that its essential features are found at the core of many modern religions, has described shamanism as a mystical experience.³ Shamanism has been called “the first *spiritual* discipline or path leading to immediate knowledge of the sacred (*gnosis*) [and] the root from which other spiritual disciplines have issued.”⁶¹(p.115, italics and brackets added) It has also been referred to as “an *ecstatic religious* complex.”⁶⁶ Often associated with religious fervor, ecstasy is defined literally as being removed from one’s place, a trance-like state in which one is overwhelmed by emotion.

Shamanism relies upon the use of ecstatic techniques; i.e., methods involving the self-induced alteration of consciousness and production of “trances” for magic or healing.³ During shamanic “journeys,” or magical flights, the shaman’s soul allegedly leaves the body to ascend to a higher world, or descend to an underworld, to serve the needs of the community.⁶⁷

Shamanism has also been described more as a *methodology* than a religion, the shaman being a person (of either sex) who voluntarily alters his ordinary state of consciousness at will to contact an “ordinarily hidden reality” in order to access knowledge and power, and help other persons.⁶⁸(p.25) Shamans have

been described as “magico-religious practitioners who deliberately alter their consciousness so as to gain access to knowledge and power from “nonordinary” (non-consensual) reality, which can be used to help and to heal members of their tribe.”^{69(p.11)} To summarize, shamanism applies to mystical and spiritual methodologies through whose application ordinary consciousness is intentionally and systematically altered for the benefit of others.

Using transcultural, transtemporal methodologies that are traditionally associated with magico-religious practices, the shaman assumes a socially defined and supported role of mediator between the physical (profane; sensory) and spiritual (sacred; non-sensory) planes of existence. Using self-regulated and drug-induced alterations of consciousness, shamans access (or “journey” to) alternate realities and, upon entering them, are said to communicate with non-physical entities to obtain knowledge or power in service to their community.

The core of the shamanic experience is a ritualized enactment, or revivification, of the transcultural mythic themes of death, rebirth, and transfiguration cloaked in the symbols of the shaman’s culture.⁶⁶ During the voluntary alteration of consciousness, the shaman’s ordinary self “dies” to the human condition (i.e., as defined by the shaman’s prior relationship to physical and cultural realities) and is “reborn” through intense identification with other entities serving as mediating belief constructs. These constructs parallel those used by transpersonal healers, although shamans place greater emphasis upon *mystical identifications* with animal or plant spirits.⁶⁶ This is consistent with the prevalence of shamanic practices among hunting-gathering tribal societies.^{70,71} Like Transpersonal Healers, however, shamans also integrate spiritistic beliefs incorporating ancestors, spiritual (mythic) beings, and energy concepts. It is through intense identification with *culturally-shared mythic constructs* that the shaman accesses magical healing and divinatory powers. The symbolic constructs and themes represent sources of “power,” knowledge, or ability lying beyond the boundaries of the shaman’s ordinary self.

In appearance, this shamanic imitation of the actions and voices of animals can pass as “possession.” But it would perhaps be more accurate to term it a taking possession of his helping spirits by a shaman. It is the shaman who turns himself into an animal, just as he achieves a similar result by putting on an animal mask. Or, again, we might speak of a new identity for the shaman, who becomes an animal spirit, and “speaks,”

sings, or flies like the animals and birds. . . . The presence of a helping spirit in animal form, dialogue with it in a secret language, or incarnation of such an animal spirit by the shaman (masks, actions, dances, etc.) is another way of showing that the shaman can forsake his human condition, is able, in a word, to “die.”

—Eliade⁷²

It is not implausible to say that, in “dying” to his ordinary way of being and thinking,⁷³ the shaman’s personality de-patterning results in “a rending of the individual from all that constitutes his or her [personal, or biographical,] past”⁶⁶(p.13, brackets added)

The shaman’s quest is the acquisition of metaphysical knowledge. *The shaman’s efforts to incorporate or embrace the paradox involve him or her in the constant practice of transformation, as if moving from one point of view to another to provide the experiential grounding of understanding, of wisdom, of true perspective.* These viewpoints are generally attained through metaphysical vision. They can be termed initiatory because it is precisely the focus of the initiation *to open the mystery by becoming it, to transcend death by dying in life, to pierce duality by embracing the opposites, to reunite the fractured forms.* . . . The shaman . . . has the potential of transmutation as an intrinsic condition.

—Halifax⁶⁶(p.28){italics added}

The shaman’s capacity to transcend the personal self, to enter into multiform identifications, to access and synthesize alternate perspectives and realities, and to find solutions and acquire extraordinary abilities used to aid the community all converge towards a view that this is a remarkable, highly creative mode of adaptation, in clear contrast with the ethnocentric concept of the “noble savage” of the Seventeenth and Eighteenth centuries.⁶⁰

Shamanic practices can be associated with *creative processes* with respect to the interpretation of ineffable messages. . . . Shamans, in general, have a strong ego-axis. They are *able to tolerate apparent chaos* and to *recognize emerging patterns.* They translate the ineffable into the language of their contemporaries. They trigger self-healing powers and re-connect clients with the “source” (*re-ligere* = religion).

—Heinze⁷⁴{italics added}

THE SHAMANIC COMPLEX: AN INSTINCT FOR HEALING

Merely a fragment of Myself, becoming an eternal (individual) soul in the world of the living, draws to itself the senses, of which the sixth is the mind, that exist in material nature.

—Bhagavad Gita, 15:7¹

Beneath the apparent, separative differences among mythic beliefs and techniques, a common psychophysiological process may underlie the various types of healing examined in this study. Closer examination may provide clues to a nexus that underlies and interconnects TH, mystical, religious, shamanic, meditative, hypnotic, transpersonal, and parapsychological experiences at a deeper, more primordial level of human operations, possibly the same as that described by Peters and Price-Williams:⁷⁵(p. 6)

We believe the experiential aspects of various trance states (dissociation, mystical experience, possession-trance, visionary trance, ecstasy, or enstasis) are descriptive of a *single dynamic psychological process*. *This process and its phases are the psychological equivalent of a rite of passage, one that is "endogenous" but guided in its path by cultural symbols and beliefs*. It is deeply structured and psychodynamic; the various differences between many trance states occur in the surface structure and reflect individual and cultural expectations. In other words, bliss, rapture, oneness, union, salvation, rebirth, grace, enlightenment, cosmic consciousness, creative illness, brief psychosis, etc. are terms used by yogins, shamans, mystics, and psychiatrists to explain a similar psychodynamic process which may be spontaneously or voluntarily elicited, have different physical manifestations, and be highly influenced by cultural beliefs, symbolizations, and personal values that determine the context of the experience.^[Italics added]

Is there, as suggested above, an inherent human potential for transcendent, transpersonal, transformational, or mystical experience that is not limited to specific cultures or eras, despite differences in outward expression or means of activation?⁶¹ Mystical experiences have been described as universal phenomena that are phenomenologically identical across cultures.⁷⁶ Since shamanic practices involve the intentional alteration of human consciousness, could these practices have arisen as a result of innate structures of the brain interacting with certain social and ecological conditions as proposed by Winkelman?^{70,71} It has also been prostrulated that the widespread correspondences between types of shamanic practices are not fully explainable by tribal migration and cultural diffusion alone:

[Shamanic] states can also be induced by a wide variety of conditions which suggest that there may be some *inherent tendency* for the mind to adopt them [and] thus they would likely be rediscovered by different generations and cultures.

—Walsh⁷⁷^[Italics added]

A *complex* is defined as “a group of related, often repressed ideas and impulses that *compel* characteristic or habitual patterns of thought, feelings, and behavior”

or “a group of interrelated ideas, activities . . . viewed as forming, *a single whole*.”^{78,79} Within anthropology, it has been applied to “an *ecstatic religious complex*,” systems of behaviors and psychological characteristics that survived over millennia and are found, in remarkably similar forms, throughout the world.⁶⁶ The ecstatic complex has been associated with the status, beliefs, roles, and activities that are organized about the shaman’s single role or category.⁷⁰ In this research, however, the denotations cited above are integrated with the Jungian sense of the term, adding the concept of *instinctive behavior* and referring to this as the “Shamanic Complex.”⁸⁰

A complex is a multi-leveled construct that refers to behaviors, feelings, roles, thoughts, and perceptions constellated about, and expressive of, a central, inherent tendency (or instinct), the emergence of which is shaped by an interaction of personal and sociocultural structures, needs, conditions, and demands.

—Cooperstein⁹(pp. 221-222)

The opinion that instincts exist in humans may be challenged by those who argue that, although capable of reflexive, involuntary responses or reactions, no complex, inherited unlearned patterns of behavior exist. Approaching this argument, we must first recognize that, by definition, instincts are essentially tension-reducing actions or reactions expressed as non-acquired, or unlearned, adaptive behaviors. Etymologically denoted as an *impulse, impelling force, or thrust*, some instincts may present highly complex, sequential, species-specific patterns of adaptation; others may be characteristically rudimentary.⁸¹⁻⁸² Ethologists, for example, have classified instincts as either Fixed Motor Patterns (FMP) or *Innate Releasing Mechanisms* (IRM). FMPs are all-or-nothing, genetically-determined response sequences; indistinction, IRMs are afferent processes, i.e., bearing or conducting impulses/information inward, as towards the brain or spinal cord, pertaining to the organism’s “recognizing” a biologically correct (adaptive) situation through the perception of a simple stimulus and being urged to act.⁸³

Regarding innate human behaviors, Freud refers to “archaic remnants, mental forms whose presence cannot be explained by anything in the individual’s own life and which seem to be *aboriginal, innate, and inherited* shapes of the human mind.”⁸⁴(p.57, italics added) Developing this concept further, Jung refers to *archetypes*, universal aspects of the collective unconscious of humanity, as forms of “typos (imprint), a definite grouping of archaic character.”⁸⁵(p.41) Some congruity is noted between the ethologists’ IRM and Jung’s concept of the

archetype. Organizations of the subconscious mind, archetypes are latencies, potentials predisposing and beckoning, possibly being resisted or countered, yet urging or compelling a course of action. Among humans, instinct is said to be purportedly experienced in dreams and as *somatic manifestations* providing *drives* that direct an individual's aim towards an object or, ethologically speaking, a *consummatory act* facilitating tension-reduction of the instinctual urge.

Extending this concept, Arthur Deikman describes “untrained-sensates,” a class of individuals without training in disciplined meditation or prayer who experienced spontaneous and *reflexive* organismic reactions through an encounter with nature or drug effects.⁴⁴ These events are characterized by *involuntary alterations of consciousness, altered perception of one's relationship to the world and one's body, fleeting changes in one's sense of identity, and “expanded” awareness.* While these features are similar in some ways to those of trained mystics, they do not conform to any particular philosophical cosmology. Intentional action is not taken, nor is an action mode a common feature of the experience. *It is primarily an unintentionally-induced, altered, receptive mode of processing, not easily explainable through conditioning or expectations, but possibly an inadvertent activation of the first phase of a instinctive potential.* In this type of situation, there are no ostensible demand characteristics.^{86,87}

Similarly, spontaneous, reflexive incidents of “instinctive” or “intuitive” TH also occur among naive, untrained children and adults.⁸⁸⁻⁹² The TH onset characteristics of *activation through an intense object relationship and powerful emotional response* are similar to those found in “untrained-sensates,” but other traits differ in the following ways:

1. In TH, the emotional response is typically *loving and/or sympathetic.*
2. There are *somatic sensations* of tingling or heat in one's hands.
3. A *need* or *drive* exists to extend beyond one's ordinary limits and abilities in order to alleviate the suffering of the object of attention.
4. The drive to relieve is frustrated by a *sense of helplessness.*
5. The *helplessness and frustration* are transcended by the healer's *surrender of personal control and setting-aside of reality-limits,* allowing the expres-

sion of unlearned, non-acquired, cognitive processes and/or motor behaviors, an organismic response that is usually combined with wish-fulfilling thinking.

This is illustrated in an interviewee's statement:

I was 11 years old at the [war] front. My friend was blown to pieces and another one was hurt and no doctor, no nothing. He's bleeding. He mustn't bleed! I grab the wound and hold it. I don't know where I got that power. And I pick up earth and hold it [against him] and he healed.

The various overt, or covert, *active* efforts—from intense “wishing” or prayer to touching, stroking or “laying-on of hands” (or other substances)—emerge “*instinctively*,” i.e., unpremeditatedly, non-discursively, and consciously unstructured by prior teachings or latent learning. There is a sense of direction from an internal source of “*guidance*,” this is experienced as a co-consciousness foreign to the individual's ordinary self. Drive-reduction and reduced somatic sensations signal when the need or urge has been satisfied. At times, there may even be an intuitive sense of whether or not the effort was successful.

Shamanic practices, both ancient and modern, embody many of the features of mysticism and TH described above. Included in the *Shamanic Complex* are the following characteristics:

- The shaman mobilizes a *preparatory set* by establishing functionally determined conditions under which intent is expected to manifest. Generally, these are rituals and ceremonies during which symbols, associated with the shaman's helping spirit, aid in his/her identification with the spirit's powers to escape the confines of the profane world and enter into “sacred time” and its associated mythic reality.
- Consciousness is *intentionally* altered through a variety of means, including rhythmic dancing, drumming, chanting, and/or the use of hallucinogenic drugs.
- Through the alteration of consciousness, the shaman's ordinary sense of self is set aside and s/he enters into an intense, mystical identification with guardian spirits that guide his/her travels through the projected, alternate realities constructed from the culture's mythology.

These factors effectively modify the shaman's metaphysical orientation and operations. Through the assumption of an alternate identity (or "alter ego"), the shaman acquires nonordinary abilities within the rituals, some of which remain after completion of the "journey."

Thus the shamanic complex is more than an "ecstatic religious complex of particular and fixed elements with a specific ideology."^{66(p.3)} It appears to have a transpersonal, transcultural, psychological, and physiological infrastructure underlying the different methods, beliefs, and contexts within which such an inherent tendency is activated: "The inherent psychobiological predisposition to achieve the [Shamanic State of Consciousness] is not culture bound and is perhaps universal in the species."⁹³

Like shamans, *trained* transpersonal healers also establish a preparatory set, voluntarily alter their consciousness, diminish their ordinary sense of self, and identify with mythic constructs. Transpersonal healers differ, however, in their personal *selection* of functional beliefs from among the multiplicity found in Western societies, rather than adopting those that are consistent with an overarching cultural paradigm. The constructs chosen offer the most personally meaningful rationale for TH to be interwoven into the fabric of the healer's worldview.

Transpersonal Healers also differ from shamans in the absence of shamanic "flights."⁹⁴ This may be explained as a function of their commitment to (or indoctrination in) the mythos of a culture or subculture that neither supports the concept of "flight" nor offers a cosmological "map" necessary for such travels. Shamanic-like "flights" may be represented, however, in non-healing-related ecstatic experiences, such as "near-death experiences" (NDEs), "traveling clairvoyance," and "out-of-body experiences" (OBEs); *Seven of the 10 interviewees reported an NDE.*⁹⁵⁻⁹⁸

Consequently, TH appears to be a contemporary adaptation of the *Shamanic Complex*, a core process from which the variety of TH methods evolved. The endogenous, or "instinctive," tendency about which these behaviors and ideologies are constellated may be a psychophysiological potential which, when activated, effects a shift towards decreased arousal of the sympathetic nervous system, increased parasympathetic nervous system activity and an alteration of ordinary cerebral activities with the following features:⁹⁹

- Reduced control of the dominant, verbal-analytic hemisphere and asynchronous EEG activity.¹⁰⁰ Since my research was originally published, two neurophysiological studies have demonstrated that healers' EEG activity show increased alpha rhythms indicating a reduced dominance of left hemispheric functioning as slowing and increased activation of right hemispheric activity.^{29,101}
- Increased hemispheric equivalence is indicated by (a) greater hemispheric *synchrony* and (b) the production of specific power spectra that may be related to purported healing or psi phenomena.¹⁰²⁻¹⁰⁵ The reduced activity of the dominant hemisphere may be a precursor to the appearance of hemispheric synchronization and changes in power spectra.

Similarly, a hypothesis has been advanced asserting that the methods used to alter consciousness among magico-religious practitioners may produce a *trophotropic response, hemispheric synchronization, and parasympathetic nervous system dominance* "in which the frontal cortex is dominated by slow wave patterns originating in the lower centers of the brain."^{70(pp. 145-146)}

Although most of these features might, presumably, be found in the majority of transpersonal healers participating in this research, the last characteristic—slow brainwave patterns—is contradicted as a rule due to the fast pattern shown in Dolores Krieger's cerebral activity during her use of Therapeutic Touch.¹⁰⁶ In addition, 2 healers provide descriptions suggesting that arousal level (or sympathetic dominance) is increased. Hyperarousal may lead, however, to a physiological collapse with the onset of a trophotropic state.³⁹ Krieger's EEG data, in combination with the 2 healers who reported increased arousal, may provide indications of at least two configurations in a possible range of physiological patterns among transpersonal healers that merit further investigation.

TOWARDS A TYPOLOGY OF TRANSPERSONAL HEALERS

Doubtless historic accidents always played some later part, but the original factor in fixing the figure of the gods must always have been psychological. The deity to whom the prophets, seers, and devotees who founded the particular cult bore witness was worth something to them personally. *They could use him. He guided their imagination, warranted their hopes, and controlled their will. . . .* They chose him for the value of the fruits he seemed to them to yield.

—William James [italics added]¹⁰⁷

Unlike shamans, whose roles and beliefs are supported by their culture, Western transpersonal healers are challenged to overcome enculturation effects (i.e., the “myth” of empiricism) and resistance from their own reasoning processes in order to wholly accept the validity of nonordinary (by cultural definition) re-interpretations of reality. Functional (mythic, metaphorical) constructs catalyze the *integration* of discrepant reality-concepts, reconciling the *tension* generated by their co-existence. Therefore, at the most superficial level of TH, a classification would be based upon observable behaviors and/or expressed beliefs developed by healers to interpret, understand, and communicate their experiences.^{7,8,103}

Three major classes of beliefs are generally used by Western transpersonal healers:

1. **Energy, Forces or Powers.** These constructs extend from those that are anchored to, structured by and modeled after energies existing in physical reality, to those that are loosely connected to “real” energies, to those that are completely removed from the physical world.

“Magnetic healing,” for example, is a vitalistic construct that is often considered by healers to be an extension of the physical energy. The fundamental meaning may be stretched towards quasi-realism by supplementing it with other, more culturally remote beliefs (e.g., “Odic energy,” “body polarity” or “*prana*.”^{11,108,109} It may also be connected with physical reality by proposing a physical point of energy-matter interaction: e.g., referring to the spine and central nervous system as the purported “bridge” through which “energy” is introduced into 3-dimensional reality.⁹¹ Other examples include quasi-realistic forms of biological energy (e.g., “bioenergotherapy,” “*pranic*” energy) and those associated with alternate (e.g., spiritistic or spiritual) realities.^{11,110-113}

Consequently, the belief system of “magnetic” healers and others who primarily stress the existence and transmission of “energy” is grounded in physically-based constructs, the interpretation of which stretches the accepted boundaries of known physical energies. The existence of such “energies” is “empirically” tested by healers (and healing recipients) through sensory experience and often reported as thermal and “electrical” sensations and “vibrations.”¹¹⁴

2. **Ordinary and Nonordinary Abilities.** This category of beliefs assumes that healing occurs through certain of the healer's personal traits and abilities: their capacity for faith, "psychic" ability, or to "attune" with the client, "energy," and/or spiritistic or spiritual entities. The primary emphasis is often supplemented with overlapping quasi-realistic "energy" beliefs or non-physical-reality-based spiritual beliefs: e.g., "faith" healing, "psychic" healing, Science of Mind healing, Christian Science healing, LeShan's Type 1 emphasis upon "merging," and "bio-PK" as a personal aptitude.^{19,20,115-118}

3. **Entities:**

Spiritistic. These beliefs involve discarnate beings available to the healer as "spirit guides" or "helpers." A range of awarenesses is associated with these experiences, from the vague "sensing of a presence" (presumed to be a "spirit") to mediumistic practices involving dissociation and "spirit control."¹¹¹ By virtue of their real (or assumed) personal histories, discarnates are typically identified as "real" individuals who once lived. However, through their existence in the transcendent "reality" of death, they are assumed to possess special powers or abilities missing in the healer. For example, during mediumistic healings, "surgery" may be performed on the client's "aura" (or "energy" sheath), allegedly surrounding the human body; or actual surgical techniques may be used.¹¹⁹⁻¹²¹

Spiritual. These beliefs center about divine and semi-divine entities from (or through) whom the power or guidance involved in healing is believed to originate. Although non-reality-based, structureless, deities are stressed, healers in this group also may also incorporate quasi-realistic constructs that include mythologized renderings of historically-based individuals who exemplify transcendent modes of existence: this provides a focal image/concept for cognitive representation. As with spiritistic beings, experiences may range from the vague "sensing" of a presence to overwhelming metaphysical alterations within "Christ consciousness."^{12,122} Healers' beliefs may also be classified into those that are *Realistic, Quasi-realistic and Metaphysical Reality-based*.¹²³

- **Realistic.** Beliefs that designate one or more aspects of physical reality. These denote some type of healing-related "energy," force or object that is based, to a greater or lesser degree of conformity, upon objects and concepts found within the consensual, external worldview. Although they

allude to “real” objects and energies, these healing metaphors are focused, discrete, and function representationally as *signs*, conveying *non-abstracted* information and meaning.¹²⁴ For example, these refer to healing “energy” as akin to magnetism, electricity, or other known energies, or designating a specific object (e.g., the spine) as a source of “energy.”

- **Metaphysical.** By virtue of their level of *abstraction, scope* and *increased use of imaginative processes* these take on more the character of myths, appearing as spiritual and religious *symbols*. They are remote from ordinary, physical reality and refer to profound, expansive, and complex meanings extending even beyond the forms in which they appear to the conscious mind: e.g., “divine intelligence,” “God’s healing power,” entering into a communion (or “merging”) with a deity in order to serve as a channel for information and “energy.”
- **Quasi-realistic.** This category includes a heterogeneity of hybrid constructs used to integrate the disparity between the realistic and metaphysical poles: e.g., “psychic energy,” discarnate guidance of “energy” or interventions, transfer of “energy,” chakras, spirit guides. These beliefs are often characterized as offering explanations that facilitate a reduced dependency upon physical reality, emphasizing special abilities or traits (e.g., “psychic” healing, “merging” with the client, the transmission of non-physical “energy”), or those that syncretically fuse features related to the realistic and metaphysical categories (e.g., discarnate guides are believed to be “real” individuals who once existed in physical reality but now exist in a spiritual realm, or alternate reality).

GRAPHING TRANSPERSONAL HEALING TYPES

Figure 2 presents 6 classes of healers placed within a 3 dimensional context based upon (1) the primary type of beliefs used, (2) changes effected in their generalized reality orientation, and (3) alterations in personal identity (or sense of self).³⁰ Ordinary and “Cosmic” Consciousness¹²⁵ (or *Samadhi*)⁴⁵ are the poles of these dimensional intersections and are used as points against which the healers’ changes in consciousness are referenced.

It is further assumed that the stabilizing and organizing functions of the self-system plays a major role in maintaining and governing the configuration of ordinary consciousness.³⁸ *Intermediate consciousness* represents a less extreme

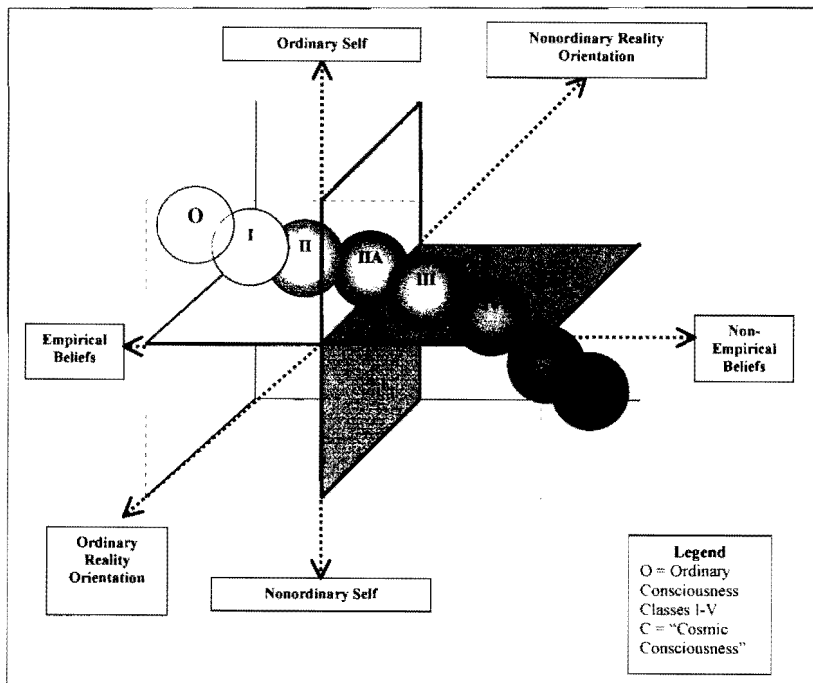


Figure 2. Conceptualized Plot in 3-dimensional Space of 6 Transpersonal Healer Classes as Contrasted with ordinary and "Cosmic" Consciousness.

stage, lying between ordinary and altered consciousness, in which various features of ordinary *and* nonordinary consciousness co-exist in varying proportions.

Utilizing the fundamental descriptive axes of (1) alterations in self, (2) reality orientation, and (3) types of beliefs in combination with each other, the prime characteristics of each healer was analyzed and s/he was placed along the axes. Clusters appeared along the primary dimensions suggesting the classes indicated in the figure.

A curvilinear relationship is indicated, suggesting that TH types are distributed along a continuum, from those most reliant upon ordinary (or near-ordinary) consciousness and realistic and quasi-realistic beliefs, to those in which consciousness is altered extensively and metaphysical (spiritual, religious) beliefs are

emphasized. As one proceeds from Class I through Class V there is an increasing alteration of ordinary consciousness and adoption of (or *absorption* within) integrating beliefs that are increasingly remote from those of physical reality. This trend may depict an array of semi-discrete, states of consciousness distributed along a continuum, similar to the “metaphysical shift” mentioned earlier and found in religious experiences.¹²⁶⁻¹²⁸

CLASS I—HEALERS/INFLUENCERS (Nos. 6, 8, 16, 17 listed in Table II)

This group includes a “magnetic healer,” “psychic healer,” a transmitter of “universal energy,” and a practitioner of laying-on of hands. All rely upon *logical* processes to “treat” and explain their behaviors, maintain ordinary (or *near-ordinary*) *consciousness* and an *ordinary sense of self* during “treatment.” Although they stress physically based beliefs, quasi-realistic constructs are depended upon most heavily. These healers are not averse to supporting the notion that subconscious operations play some role in the healing process, although placing greater emphasis upon rational processes.⁹¹ This group would be expected to rely upon physical (i.e., “focusing”) devices to supplement or amplify their healing “treatment” and “diagnosis:” e.g., the use of the hands to direct “energy,” dowsing or radionics devices, crystals, etc.

CLASS II—HEALERS/INFLUENCERS (Nos. 4, 5, 9, 12, 13, 18 listed in Table II)

In this group are found a “transformational healer,” “psychic healer,” “spiritual healer,” “energy healer,” and Therapeutic Touch healer. These individuals *combine realistic and quasi-realistic beliefs* as in Class I, but are *less likely to rely upon physical objects* (e.g., pendulums, crystals), although they will use their hands to focus and “sense.” They also differ from Class I in terms of their more extensive *moderate-to-extreme alterations of consciousness*, including *changes in the sense of personal identity*, and there is the intent to *access unconscious processes* for diagnosis and “treatment.” This group often reports *transegoic threshold*, or “access level,” phenomena: e.g., feelings of a “presence,” or co-consciousness.⁴⁵ Reality-testing (egoic) operations are present, although weakened, and may be reported as *opposing* subconscious processes.

CLASS IIA—HEALERS/INFLUENCERS (Nos. 14, 19 listed in Table II)

Here we find a LeShan Type 1 healer and a “Natural Healer.” As in Class II, they report moderate-to-extreme alterations in consciousness, but emphasize *non-reality-based* (abstract, formless) and *non-spiritual constructs* (e.g., “merging” and “allowing”) while not relying upon quasi-sensory imagery. Where Class II healers incorporate mediating beliefs (e.g., “chakras” and “energy meridians”) to frame and shape their experience, IIA individuals seem to be a special case of group II, describing what appears, at first, to be a “mythless” healing experience. This appears to be a deliberate *attempt to suspend beliefs associated with both physical and metaphysical metaphors*. The constructs of “merging” and consciousness (the latter as an extended, nonlocal entity), however, remain fundamental to their practices. Therefore, Class IIA is less grounded in physical and spiritual realities than Class II and more grounded in the healers’ personal experience.

CLASS III—HEALERS/INFLUENCERS (Nos. 15, 20 listed in Table II)

Healers in this group claim to “transfer energy” through a *full identification with a quasi-realistic “energy.”* Although this is the primary method, they may also identify with the client during the course of “treatment.” Their experience is characterized by an extensive, transegoic alteration of consciousness and a complete loss of self.

Fahrion, Wirkus & Pooley’s EEG brain mapping of Mietek Wirkus, a “bioenergy” healer (an interviewee in my research) lends support to these findings.²⁹ Wirkus was typed as a Class III healer. During his healing attempts, the research team found physiological evidence suggesting a state of consciousness differing from relaxation or meditation and *right cerebral hemispheric activation* that would be associated with integrative, spatial, non-verbal pattern recognition ability. Also in agreement with the findings, the non-analytic, non-sequential state appeared to be *triggered subconsciously* in the presence of a client.

CLASS IV—HEALERS/INFLUENCERS (Nos. 2, 10 listed in Table II)

This pair of healers includes a “spirit healer” and “spiritual healer.” Both *undergo extensive, transpersonal alterations of consciousness and emphasize realistic and*

quasi-realistic beliefs, although expressed beliefs may extend from reality-based to metaphysical. *Spiritistic beliefs* and *mediumistic behaviors* are highlighted here and may be used in healing efforts by “channeling” energy and/or receiving “spirit guidance” for diagnosis or “treatment.” One individual (Worrall) experienced mediumistic phenomena before her “intuitive” healing experiences; the other (Edwards) received training in mediumistic practices, but later disavowed the need for “trance” in healing.^{92,111,129}

CLASS V—HEALERS/INFLUENCERS (Nos. 1, 3, 7, 11 listed in Table II)

This group includes a Christian Science healer, a Science of Mind healer, and two “spiritual healers.” *Transpersonal consciousness is induced* and *quasi-realistic* (e.g., “energy”) and metaphysical (i.e., unstructured, non-physical-reality-based) constructs are blended. Although spiritual healers combine quasi-realistic constructs (e.g., such as “energy” and mytho-historic beings) with non-reality-based constructs, the combination *produces the most unstructured and conceptually remote cognition found among all groups.*

Although provocative, these results are provisional and require further investigation. They suggest, however, that the traditional nomenclature and classifications of TH types is inaccurate and can be refined by a process-based, psychophysiological (rather than context-based) system approach. Transpersonal healers, as well as indigenous healers, parapsychological subjects, etc. may be classified according to changes in consciousness in combination with other psychological, psychophysiological, and sociocultural variables.

TRANSPERSONAL CONSCIOUSNESS, MEDITATION AND MYSTICISM

The Blessed Lord [Krishna] spoke: When your intellect crosses beyond the thicker of delusion, then you shall become disgusted with that which is yet to be heard and with that which has been heard (in the Veda). When your intellect stands fixed in deep meditation, unmoving, disregarding Vedic doctrine, then you shall attain Self-realization.

—Bhagavad Gita, 2:52-53¹

Considering the results of this research, it is clear that many features of transpersonal consciousness in general correspond with the experiences found among Transpersonal Healers:^{95,130}

- transcendence of temporal and spatial boundaries
- alterations in self-boundaries that include a spectrum of identifications, or “dual unity”
- subtle body energies
- intuition
- creative inspiration
- synchronistic events
- spiritistic phenomena
- physical mediumship
- intentional PK in the forms of ceremonial magic and healing

Healers report a transcendence of space during remote healing and identification with mythic forces, energies, powers, entities, or a merging with the client. Spiritistic and mediumistic phenomena are also reported with varying degrees of emphasis, as are energetic phenomena, enhanced intuition, allusions to creativity, synchronistic events and, based upon one’s theoretical perspective, intentional PK, Bio-PK, or TH.

There is also a strong correspondence between *mystical experiences* arising from Hindu, Buddhist, and *secular* meditations and Transpersonal Healers’ experiences.^{45,131} Deikman’s important study of secular contemplative meditation in nonmeditators described effects similar to those reported by healers:¹³²

- altered perceptions
- distorted time sense
- development of stimulus barriers resulting in decreased distractions and decreased conscious registration
- personal attachment to the object of attention
- positive feelings resulting from the experience
- “merging” with the object of attention
- decreased body awareness
- the perception of energy radiations from the focal object
- dedifferentiation of the environment
- transfiguration effects

When the experiences and practices of *Transpersonal Healers* and *meditators* are compared and contrasted, it is noted that:

- Both groups select physical and/or cultural environments that encourage their efforts to reduce external distractions and support their beliefs. The committed meditator, however, takes more far-ranging measures to become detached from the distractions and temptations of worldly influences and “attachments.”
- Both groups reduce the influence of the personal self upon perception and motivation in order to achieve transpersonal awareness. They differ, however, in their end-states. Meditators and healers strive to neutralize all ego operations for spiritual evolution and healing by developing a discrete, unconditioned, selfless, state of consciousness. Meditators in the Hindu and Buddhist traditions, however, seek to permanently transform ordinary consciousness by integrating it with the discrete, “expanded” state. Western healers develop a “healing state” for functional and spiritual purposes but, generally, do not specifically endeavor to integrate it with ordinary consciousness. Both groups use physiological and cognitive self-regulation to induce alterations in awareness that, although effortful at first, later becomes less strenuous and automatic.
- Both groups initially concentrate attention upon a physical/physiological aspect (*e.g.*, the *ajna*, or “third eye,” breathing rhythm) and/or mental image or concept that is used to influence the outcome of the meditation or healing. Among meditators, the focus is more systematically determined by the “school” of meditation (as represented through the teacher/role-model), its religious and/or metaphysical mythos, and the specific area of transcendence needed by the student. The structured ideational focus is used as a milestone to be surpassed. In contrast, Western healers select mental images, visual and non-visual, that are compatible with their beliefs. These may be personal and idiosyncratic, or adopted from the mythos of cultural or subcultural societies with which they affiliate (*e.g.*, churches, spiritualist, and spiritistic groups).
- Both groups gradually reduce their dependence upon mental images. The reduced dependency upon imagery among meditators, however, is a more consciously determined goal; the structure of the imagery is systematically reduced and increased levels of formless contemplation (*i.e.*, lacking mental content) are introduced.

- Meditators and healers report an “access level” or transegoic threshold, described as a co-consciousness marked by the presence of two apposing types of cognitive processing. Visionary experiences may occur at this level in both groups, in addition to feelings of joy (or rapture) and later, of bliss.⁴⁴
- Healers and meditators attempt to increase awareness of the “raw” unprocessed, receptive stage of perception. Meditators resist attaching meaning to these and other perceptions; healers tend to associate emergent awarenesses with meanings connected to the client and his circumstances or their role as healers.
- Meditators and healers use thoughts, images, and emotions as the means of transcending the personal self while the meditator struggles to move beyond them. In contrast, the healer first attempts to transcend them and then, from a non-egoic perspective, accepts them as transpersonal “data” from the client or another (inner) “source.”
- The differences existing between meditators and transpersonal healers include the following:
 - Healers ordinarily remain a part of their community; they do not ordinarily resort to extreme measures through which they physically distance themselves from the distractions and temptations of the physical world.
 - Healers tend to develop a discrete, “expanded” state of consciousness used for functional (i.e., healing, spiritual communion) purposes involving intervention on behalf of the well being of others.
 - Healers generally develop a personalized, systematic approach to meditation, select goal-directed images and symbols corresponding with their personal system of beliefs (although these may be adopted and adapted from cultural or subcultural institutions), and direct attention towards physical sensations and intrapsychic processes.
 - Healers usually attach meaning to intuitive awarenesses, somatic sensations, etc., as “data” derived from the transpersonal exchange.
 - Healers may become “attached” and fixed to a discrete “healing state” as an end-state rather than viewing it as a developmental phase to be transcended.

SUGGESTED RESEARCH

Based upon the results of this research, the following research directions are suggested:

1. The Inventory of Transpersonal Healing Experience will be converted into a questionnaire format to be completed in a survey. Data will be factor analyzed to explore the range of healing experiences found in a large sample of trained and untrained healers and non-healing individuals. This procedure should clarify the main experiential components to be used in screening subjects for further experimental studies.
2. Measures of personality variables, creativity, hypnotic susceptibility, absorption, ego-permissiveness, mental imagery, and mystical or parapsychological beliefs/experiences should be used to compare populations of non-healing “normals” and transpersonal healers and to distinguish traits that identify the major categories of transpersonal healers. Factor analysis of these materials could yield significant clusterings of traits associated with TH, aid in the classification of healer types based upon attention, cognitive processes, experiential differences, belief constructs used, and provide a means of assessing the characteristics of healers that participate in experimental research. Information could also be applied in an empirical investigation of differences existing between practitioners of TH, mystics, hypnotically susceptible individuals, and purported psi percipients and influencers.¹³³
3. Because the processes of TH appear similar to those found in mysticism, the application of empirical measurements of the latter to populations of transpersonal healers may elucidate similarities and differences between TH and mystical experiences.
4. Hypnosis is a “normal” human potential, commonly identified with a heightened susceptibility to suggestion. Considerable disagreement exists over the nature of hypnosis: it has been theorized as being (1) an altered state of consciousness, (2) a dissociative reaction emphasizing the roles of perceptual-cognitive activity in relation to attentional redistribution, (3) the outcome of individual traits, (4) “believed-in imagining” and role-playing, (5) imaginative involvement, or (6) a task-motivational condition not requiring a change-of-state explanation.^{31,134-140}

Joseph Barber posits that the capacity for the special psychological condition we call hypnosis undoubtedly evolved along with the emergence of human consciousness.¹⁴¹ The biological index of the hypnotic state is not yet understood, although it is known to promote a lower level of arousal, that it may effect the action of certain spinal reflexes, and that it is not subserved by endorphin release:

Hypnosis probably involves an integration of limbic and cortical activity, but this is a trivial idea, since all experiences of consciousness probably involve such activity. *There is some electroencephalographic evidence that hypnosis involves a shift toward greater right hemispheric brain activity.*^[Italics added]

Barber further states that hypnosis typically involves a feeling of comfort and well being, with the capacity of letting the general reality orientation recede into the background of awareness. Things seem to happen automatically, without effort or conscious intent.

Similarly, TH healers apparently use attentional redistribution to induce an altered state of consciousness characterized by varying degrees of dissociation, incorporate “believed-in imagining” and role-playing, participate in imaginative involvement and generally report a lower level of arousal than is found in their non-healing condition. Early research findings suggest, as in hypnosis, that there is a shift toward greater right hemispheric brain activity and that subjective reports indicate typical feeling of comfort and well being. The congruency strongly suggests possible correspondence between the psychoneurophysiological response patterns of hypnosis and those involved in TH that should be examined.

5. Criterion-based studies may be carried out in which measures of personality, creativity, hypnotic susceptibility, ego-permissiveness, visual imagery, etc., are evaluated against the empirical effects of TH/influencing obtained in a small, standardized array of materials.
6. It is exceedingly important that further research and replications of earlier studies incorporate physiological measures, such as respiration rate, blood chemistry, body temperature, muscular tension, and skin conductance. Cerebral activity (EEG and isopotential mapping) is particularly important in order to assess alterations of attention and arousal level, the presence and degree of hemispheric synchronization, shifts in power spectra and the specific brain areas of activity that change in activation of the preparatory set, self-regulation, and expectations of healing activity.

7. All descriptive information acquired during experimental situations should be recorded; taped debriefings should be held immediately after healing/influencing attempts and compiled for analysis.
8. The relationship between TH and non-healing PK ability requires clarification. Based upon a personal report, at least one “gifted” PK subject was able to produce a somatic effect in a researcher.¹⁴² The “healing” abilities of PK subjects and, conversely, the PK abilities of transpersonal healers should be compared and both populations should be tested for other psi abilities.
9. A significant difference would be expected in a study comparing *adaptive regression* in a population of transpersonal healers to that found in a non-healing population.^{143,144} Among TH classes, an increasing capacity for adaptive regression should be demonstrated as one proceeds from Class I through V.

INVESTIGATING AND INTEGRATING SCIENCE AND SPIRITUALITY: THE SEARCH FOR A PARADIGM

These saintly methods are, as I said, creative energies; and genuine saints find in the elevated excitement with which their faith endows them an authority and impressiveness which makes them irresistible in situations where men of shallower nature cannot get on at all without the use of worldly prudence. This practical proof that worldly wisdom may be safely transcended is the saint’s magical gift to mankind.

—William James¹⁴⁵

For almost three decades, a considerable body of literature involving experimental investigations of TH effects has accumulated.¹⁴⁶ The data strongly suggest the existence of anomalous healing processes that may be potentiated by trained and “intuitive” transpersonal healers, as well as naive individuals under controlled conditions.¹⁴⁷⁻¹⁴⁹ Despite ongoing research, many “mainstream” scientists refuse to consider the possible authenticity of this purported potential of human consciousness and dissent continues among the small group of researchers who, at least, suspect that it is a legitimate phenomenon. Even within this small community, competing models, disagreements over the mechanisms of the process, and conflicting opinions over the development of effective programs for its investigation reflect a *preparadigmatic phase* of research.¹⁵⁰ Although some serious approaches have been taken to investi-

gate healers' consciousness during healing, multidimensional, interdisciplinary theory must be developed with the capability of integrating the seemingly discordant models.¹²⁰

Scientific preoccupation with the control and measurement of empirical effects alone must be counterbalanced by providing equal attention to the investigation of the psychological and physiological processes of the healer and client. The interpersonal or social climate within which positive and negative effects occur requires intensive scrutiny and the physical medium through which these effects are mediated should be explored. Holistic research of this sort requires that the healing setting, whether in the field or laboratory, should be treated as a complete system, a comprehensive process requiring the equal distribution of researchers' attention towards physical, psychological, social and parapsychological aspects and not the control and measurement of physical effects alone.

William James, the pioneering American philosopher, a founder of Functional Psychology and champion of pragmatism, did much to establish psychology as relevant to practical problems. In his lectures on the psychology of religion he reflects on the depersonalizing attitude of Nineteenth Century science:

Science . . . has ended by utterly repudiating the personal point of view. She catalogues her elements and records indifferent as to what purpose may be shown forth by them, and constructs her theories quite careless of their bearing on human anxieties and fates.^{145(p. 381)}

The “energies” alleged to be involved in unorthodox healing by some investigators and healers may, in fact, be *manifestations of nonphysical consciousness* itself, interacting with the physical body or physical energies to produce psychokinetic and psychoenergetic events. Much more research into TH is necessary to probe the nature of human consciousness, consciousness-matter interactions, how they operate and which aspects of physical reality contribute towards these effects. The starting point, however, should be nothing less than an *open-minded exploration and understanding* of the *personal psychologies* of those individuals whose talents challenge current popular conceptions—or “myths”—of reality.

POSTLUDE: IMPLICATIONS OF TRANSPERSONAL HEALING AS ALTERNATIVE HEALING FOR MENTAL HEALTH AND PSYCHOTHERAPY

A *Newsweek* survey reports that 54% of all Americans pray daily, 29% more than once per day.¹⁵¹ Eighty-seven percent believe that God answers their prayers at least some of the time. Although technology has advanced the effectiveness of medical practice and potent psychotherapeutic treatments and medications are available, there is a paradoxical, growing interest in alternate, “unorthodox,” “New Age,” Spiritual,” healing practices in which religious or spiritual concepts play a salient role. McGuire researched this issue when she examined the use of alternative healing systems among “middle-class, middle-aged, well-educated, socially, culturally and residentially established suburbanites.”^{152(p.58)} Of considerable interest (and relevant to the findings of my research) is that, although consumers continued to use conventional healthcare in addition to an alternative healing system, they were attracted primarily by the latter’s *beliefs systems* and *not* impelled by medical crises, as was assumed earlier.

The attractiveness of alternative healing practices is not easily explainable by simply reasoning a loss of faith in conventional medicine or the need to cure intractable physical disorders where conventional medicine has thus far failed.¹⁵³ Although these are valid reasons in many instances, the growing popularity of alternative healing practices suggests that they probably address a deeper, broader, and more ancient human need in healers and their clients. These practices often offer holistic, transcendent cosmologies within which non-conventional, non-validated healing mechanisms or alternate realities are proposed. Some only stretch slightly the accepted view of the nature of reality while others move far beyond the pale of ordinary perceptions and experiences. Their philosophies may incorporate a wide range of metaphysical outlooks offering personal, sometimes spiritual, meanings used in integrating the individual, the world, and the cosmos.

MENTAL HEALTHCARE: AN UNDERUTILIZED RESOURCE

A recent report published by the Healthcare Financing Administration (HCFA), a Federal office administering Medicare and Medicaid programs,

informs us that the nation's total spending for healthcare increased 5.5 percent in 1995 to nearly one trillion dollars, or an estimated average of \$3,621 per person.¹⁵⁴ Health and Human Services Secretary Donna E. Shalala reported in 1995 that "an estimated 52 million Americans experience mental health and substance abuse problems annually, costing the nation \$3 billion in health-care costs each year."¹⁵⁵

That there is a glaring need for mental health services in the United States becomes even more apparent by examining the many antianxiety and antidepressants found listed among the top 200 drugs dispensed between July, 1992 to June, 1993.¹⁵⁶ Other, non-psychotropic medications are also used to treat stress, "a mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and depression," and stress-related illnesses, such as hypertension, cardiac arrhythmias and gastric hyperacidity. Also, we should not overlook the vast amounts of substances, both legal and illicit, abused as a means of self-medication.^{157,158}

Ironically, despite these data, mental healthcare is--and has been--traditionally under-utilized. Rising healthcare costs are attributable more to medical and hospital costs than an abundant use of psychological services as demonstrated in a recent study of depression, anxiety and health costs. In that survey of HMO patients, the average cost of medical care for a 6-month period was *58% higher for patients with anxiety and depressive disorders than without the disorders.*¹⁵⁹ Costs were ascribed to a greater utilization of all types of inpatient and outpatient services. Of these costs, however, mental health services accounted for only 5-10%.

Consumers Reports (CR) surveyed the outcomes of ordinary psychotherapeutic contacts (in contrast to controlled, focused research conditions) in which presenting problems were more diverse than those found in clinical research.¹⁶⁰ Readers were asked about their emotional difficulties and encounters with health-care providers from 1991 to 1994. Under these more representative conditions, treatment providers tried a variety of approaches until reaching one that effectively reduced symptoms.

Considered methodologically sound by Dr. Martin Seligman of the University of Pennsylvania, the data show that psychotherapeutic interventions improved problems brought to treatment, helped individuals function better, improved their ability to relate to others, increased work productivity and coping with everyday stresses, and increased “personal growth.” Consumers were more confident, reported higher self-esteem, improved self-understanding and a greater enjoyment of life.

TRANSPERSONAL HEALING, PSYCHOTHERAPY AND DIVIDEDNESS: TRANSCENDENCE TRAINING AS A THERAPEUTIC GOAL

The “nostalgia for Paradise” belongs . . . to those profound emotions that arise in man when, longing to participate in the sacred with the whole of his being, he discovers that this wholeness is only apparent, and that in reality the very constitution of his being is a consequence of its dividedness.

—Mircea Eliade,^{161(p.98)}

Whether TH effects are caused or mediated by presumed subtle energies or are a paranormally mediated transfer of biological information is uncertain and remains to be determined in future research. Challenged by a crisis in health care today, however, let us consider what we have learned from the TH practitioners in this research in light of the possibility that they may evoke an instinctive healing potential.

In relation to effective TH healers, Cade and Coxhead say, “[They] have, if not *compassionate love*, great *empathy*, as well as *the ability to still their minds, to be calm and undisturbed, to extinguish their personal egos and become part of something they feel is higher than themselves.*”^{103(pp.190)} In their meditative regulation of attention, healers may function in a manner comparable to spiritual meditators, increasing alpha-theta cerebral activity that has been associated with alert, relaxed awareness as they intensify absorbed concentration and temporarily detach themselves from the impact of the external environment.¹⁶²

Assuming that this mechanism is operative in TH healers and instilled into clients and students, they are, in fact, providing a form of cognitive therapy/training in the development of healthy detachment, increasing cognitive

flexibility to better aid in coping, while simultaneously offering a belief system that integrates disparate information that caused increased stress levels. This is clearly a psychotherapeutic approach worth exploring.

Lankton expounds upon the “*participatory and co-creative worldview . . . at the heart of many active interventions and approaches of modern therapy;*” it is found in healer-client relationships as well.¹⁶³

Many therapies make use of only portions of the modern epistemology. In conducting their craft, however, many therapists rely upon the habits of the old traditional paradigm. They do this only because of the training that they have experienced - as in the case of the practitioner who is happy to medicate a person diagnosed with “anxiety attacks.” Once labeled, the patient turns attention away from the very phenomenological knowledge that could lead to a rapid resolution. *Once labeled, questions of how the person creates the world to generate or recall anxiety, who helps them create it and how, are not asked and are not answered.*^[Italics added]

The healers studied in this research offer an insight into the increased popular interest in alternative healing practices in the West as it may represent a social reaction—and resolution to tension—created due to a rift in meaning promoted by the disparity between empirical, scientific and non-empirical, spiritual, or alternative paradigms.¹⁶⁴ If this is true, *alternative healing practices satisfy a profound psychosocial need for a transcendent, integrative, holistic paradigm reconciling and integrates stress-inducing worldviews.* The amalgamation interweaves known, accepted scientific knowledge and less (or un-) accepted functional beliefs and symbols of power in a creative merging of conscious and nonconscious mental processes: a mythic process catalyzing an integration that reduces the stressful dividedness of ordinary existence and personal alienation while increasing interrelatedness and personal empowerment.

Apparently, both psychotherapy and Transpersonal Healing offer alternative ways of perceiving reality. In both settings, caring facilitators attempt to replace discord, confusion, stress, and tension with meaning, a sense of peacefulness, harmony, and integration. Although methods differ, each practitioner offers some form of empathy, a “functional metaphysics” to guide the patient/client, a “map” of the terrain and steps towards the goal as they assist in the journey.

Extracting what has been learned from TH practitioners as alternative healers, the essential ingredients of an integrative healing situation include:

- The learned, self-regulative induction of nonordinary, i.e., non-stressful, state of consciousness
- Development of regular meditative periods of decreased inner dialogue, suspension of critical, judgmental thinking, relaxation through reduction of physical-mental tensions and enhancement of mind-body integration
- Sincere caring
- The therapeutic use of imagination and fantasy
- Valuing and enhancing the integration of intuitive and rational processes
- Empathic identification with the client and, in doing so, presenting a role model training the client's own empathy
- Modifying personal identity through a more global sense of interrelatedness or interconnectedness and identification with functional beliefs
- Acts of selflessness or altruism
- Establishing transcendental beliefs and superordinate goals and values

This is only a starting point, however. Much remains to be learned about ancient healing arts, their methods and relationship to the promotion and maintenance of mental and emotional well-being through the use of natural, possibly instinctive mental, emotional and physiological processes in the promotion of mental and physical health.

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CORRESPONDENCE: M. Allan Cooperstein, Ph.D. • 303 Greyhorse Road • Willow Grove, PA 19090 • Allanco@erols.com

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 [During healing I have] No aim or goal. . . . It's an allowing. . . . I don't aim for something specific when I'm healing somebody. It's like a healing state and that's going to be placed where they want to. And the result is that they come in with a tinnitus problem, but they leave with their arthritis pain gone. . . . It's like giving somebody paints and a brush and a canvas. I'm taking them to the art and letting them create—they're going to do it.
 Bearing in mind healers reported differences in arousal and Krieger's EEG data, the above may represent a variety of cerebral activities associated with healing based, to some extent, on healers personal preferences.
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- The Dissociative Experiences Scale (DES) would be an excellent tool for assessing dissociation between healers and non-healers and determining differences in dissociation among healer classes (see E. M. Bernstein & F. W. Putnam, Development, Reliability and Validity of a Dissociation Scale, *Journal of Nervous and Mental Disease* 174 (1986), pp. 727-735).
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