

**An investigation into energy healing
in a group of psoriasis sufferers**

By

Niranjana Naidoo

Submitted in partial fulfilment of the requirements for the degree
DPhil (Community Psychology) in the Faculty of Humanities, School
of Psychology at the University of Zululand.

December 2014

Supervisor: Professor J.D. Thwala

Co-supervisor: Professor S.D. Edwards

DECLARATION OF ORIGINALITY

This research has not been previously accepted for any degree and is not being currently submitted in candidature for any other degree.

Signed _____

Date _____

ACKNOWLEDGEMENTS

My sincerest thanks go to the following people without whom this study would not have been possible:

Professor S. D. Edwards, for his wisdom and insight in guiding me in the identification of a topic and proposing research in an area on the frontiers of mainstream psychology.

Professor J. D. Thwala, for the structure, support, guidance and patience in supervision.

To the individuals who participated in this study.

The Aryan Benevolent Home, for the use of their facilities.

Jackie Rahm for proof reading the study for language appropriateness.

To my Mom, for her commitment and dedication to nurturing and sustaining me at all times and in all ways.

TABLE OF CONTENTS

DECLARATION OF ORIGINALITY	i
ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS	iii
LIST OF ANNEXURES.....	vi
LIST OF TABLES	vii
ABSTRACT.....	viii
CHAPTER ONE.....	1
INTRODUCTION	1
1.1 Introduction and background.....	1
1.2 Motivation	1
1.3 Survivor perspectives of healing	3
1.4 Full spectrum model of energy healing.....	4
1.5 Hypothesis and research questions	7
1.6 Aim of the study	8
1.7 Significance of the study	8
1.8 Definition of key terms	9
1.9 Conclusion.....	9
CHAPTER TWO.....	11
LITERATURE REVIEW	11
2.1 Introduction	11
2.2 Energy healing defined	11
2.3 A modern context for energy healing	13
2.4 The three energy bodies as expressions of consciousness	14
2.4.1 The causal energy body	14
2.4.2 The gross energy body.....	15
2.4.3 The subtle energy body	18
2.4.3.1 The organising power of intention	19
2.4.3.2. The organising potential of the breath	20
2.5 The ontological self and the psoriasis sufferer	21
2.6 All quadrants, All levels (AQAL) model of energy healing	23

2.6.1 The holographic paradigm of psychological development.....	23
2.6.2 Different ways of being and knowing energy healing	25
2.7 Energy healing modalities	29
2.7.1 The seven limbs of yoga.....	30
2.7.2 The chakra system of healing	30
2.8 Supporting studies	33
2.8.1 Sudarshan Kriya yogic breathing.....	33
2.8.2 Meditation.....	34
2.8.3 <i>Pranayama</i> /breath-based meditation.....	37
2.9 Energy healing roots in a perennial philosophy	39
2.10. Conclusion.....	41
CHAPTER THREE	42
METHODOLOGY.....	42
3.1 Introduction	42
3.2 Aim of the study	42
3.3 Theoretical framework for research.....	43
3.3.1. Methodological approach	43
3.3.1.1 Phenomenological methods of study	44
3.3.1.2 An integrated methodological approach	46
3.4 Three ways of knowing.....	47
3.4.1 Positivist paradigm.....	49
3.4.2 Interpretive paradigm	50
3.4.3 Constructionist paradigm.....	51
3.4.4 Multiple perspectives	52
3.5 Research design	53
3.5.1 Sample	54
3.5.2 Method.....	55
3.5.2.1 Programme evaluation	55
3.5.2.2 Participatory action research	57
3.5.2.3 Data collection methods.....	58
3.5.2.4 Data analysis	59

3.6 Ethical and safety issues.....	62
3.7 Trustworthiness	63
3. 8 Conclusion.....	63
CHAPTER FOUR	64
FINDINGS AND DISCUSSION	64
4.1 Introduction	64
4.2 Qualitative findings.....	66
4.2.1 Experiential findings	66
4.2.1.1 Participant A.....	66
4.2.1.2 Participant B.....	70
4.2.1.3 Participant C.....	75
4.3 Quantitative Findings.....	80
4.4 Discussion of main findings	82
4.4.1 Discussion of qualitative findings	82
4.4.1.1 The lived experiences of the programme.....	83
4.4.1.1.1 Chakra Meditation	83
4.4.1.1.2 Guided visualisation	84
4.4.1.1.3 The body scan.....	85
4.4.1.1.4 The heart breath.....	86
4.4.1.1.5 Walking meditation	87
4.4.1.1.6 Reflections of energy and psoriasis	88
4.4.1.2 Collective energy healing experience.....	89
4.4.1.3 Central themes.....	90
4.4.1.3.1 Experiences of relaxation, calmness, peace, silence, stillness,	90
darkness, oneness and wholeness.....	90
4.4.1.3.2 Loss of space and time boundaries	91
4.4.1.3.4 Deep states of concentration and intense sensory experience	92
4.4.1.3.5 Realisation of the dynamic nature of self as energy	92
4.4.1.4. The extent to which awareness and intention to heal increase	93
levels of consciousness	93
4.4.1.4.1. Self-discovery and self-acceptance.....	93

4.4.1.4.2 Detached observer	95
4.4.1.4.3 Improved relationships.....	96
4.4.1.5 The extent to which new awareness led to corresponding bodily	96
changes in relation to psoriasis.....	96
4.4.2 Discussion of quantitative findings	97
4.5 Integrative findings	97
4.6 Evaluation of integrated findings.....	98
4.7 Conclusion.....	98
CHAPTER 5	99
RECOMMENDATIONS AND CONCLUSION	99
5.1 Introduction	99
5.2 Strengths of the study.....	99
5.3 Limitations of the study and implications	100
5.3.1. Methodological considerations	100
5.4 Recommendations.....	100
5.4.1 Programme implementation.....	100
5.4.2 Future research.....	101
5.5 Conclusion.....	101
REFERENCES	102
ANNEXURES.....	111

LIST OF ANNEXURES

Annex 1: Letter of participation.....	111
Annex 2: Consent form.....	113
Annex 3: The Dermatology life quality Index.....	114
Annex 4: Ethical clearance certificate.....	115

LIST OF TABLES

Table 1: Different ways of being and knowing energy healing	29
Table 2: The <i>Chakra</i> system of healing.	32
Table 3: Different ways of investigating energy healing.	53
Table 4: Introducing the participants.....	65
Table 5: Group profile	80

ABSTRACT

This study involved an evaluation of an energy healing programme using participatory action research. The main research question related to the effectiveness of an energy healing programme in a group of psoriasis sufferers. The other research questions examined the participants' lived experiences of the programme; the extent to which awareness and intention to heal, as forms of energy, raised levels of consciousness and finally the extent to which new awareness led to corresponding bodily changes related to psoriasis.

The study was based on the experiences of three participants living with psoriasis who participated in a five week energy healing programme. The sample was based on individuals living with psoriasis and with a shared interest in energy healing. Participants ranged between the ages of 24 and 54. The group comprised one male and two females from a Hindu background, living in the greater Durban area. The programme involved the practice of various energy healing modalities that included the different forms of meditation, *pranayama* and *yoga*. The programme required weekly attendance at experiential group session with a duration of 90 minutes.

An integrated methodological approach was used to capture the essence of energy healing through four ways of being and knowing. These included interior, exterior, individual and collective perspectives. A positivist research approach provided objective findings of heart rhythm coherence and quality of life measures on effectiveness of the energy healing programme. These findings showed a corresponding relationship with subjective data based on personal experiences of energy healing. First person perspectives included themes of self-discovery, self-acceptance, detached observing and improved relationships as it relates to higher states in consciousness.

This study should be replicated on a larger scale using more controlled research methods to validate the use of energy healing as an adjunct treatment for people living with psoriasis.

Key words: evaluation programme energy healing
 psoriasis sufferer consciousness

CHAPTER ONE

INTRODUCTION

1.1 Introduction and background

A fourth force in psychology recognises that healing involves aspects of being that extend beyond the mind and body of the individual (Edwards, 2013b; Wilber 2000). Vedic psychology (Aurobindo, 1990, 2011; Om, 1981; Parthasarathy, 1999) postulates that every person is energetically connected to everything through the air in the breath, the resonance of thoughts and emotions, the waters of the rivers and oceans, and the food of the earth that nourishes and sustains. At a core and fundamental level, everything, including all aspects of being, ranging from body to mind to soul to spirit, emerges from, and returns to the same regenerative ground and source.

The study was undertaken against a backdrop of the unmet needs of people living with psoriasis as they face challenges in all domains of their lives (Joseph, 2010; Watson & de Bruin, 2007). The difficulties in addressing these unmet needs are attributed to the partial and fragmented nature in which individuals are understood (Watson & de Bruin, 2007). The literature reviewed reflects a limited understanding of energy healing in psoriasis sufferers. This thesis is concerned with investigating the effectiveness of energy as the ground and source of healing when accessed at all levels of consciousness ranging from body, to mind to soul to spirit, which is known and experienced through all domains of being: internal, external, individual and collective.

1.2 Motivation

The World Health Organisation- Beijing Declaration of 2008 has called for the safe and effective integration of alternative healing into national health care systems (WHO, 2011). This declaration advocates for the inclusion of credible, alternative healing modalities based

on research. The present study was motivated by a need to obtain a comprehensive understanding of energy healing as it relates to people living with psoriasis. Research into indigenous healing systems by Edwards (2009) and Edwards, Hlongwane, Thwala and Robinson (2011) reveals a need for further investigation into transpersonal levels of consciousness associated with optimising health. In Wilber's "all-quadrants, all-levels, all lines, all states, all types" model (AQAL model) the transpersonal level of consciousness relates to the more subtle forms of energy (Wilber, 2000).

The full spectrum model of energy presents an understanding of consciousness as a spectrum that ranges from the pre-personal to the transpersonal. In this model each state (dream, waking and deep sleep) and level of consciousness is supported by its own energy structure. These structures range from matter to mind to soul to spirit, corresponding to Wilber's lines of development (Wilber, 2000, p. 125). The model views the physical body as a gross form of energy that can be brought into balance and harmony by accessing a more subtle form of energy that involves the process of self-discovery and self-acceptance of the true self. This is explicated through Ken Wilber's theory on subtle energies as located within the AQAL model and in Vedanta psychology, philosophy and practices (Wilber, 2006a). These systems are rooted in a holographic paradigm of reality. Chapter two outlines the details of these models as they relate to healing in the psoriasis sufferer.

Documented studies on various forms of energy healing have shown positive findings in different populations from diverse cultures (Brooks, Schwartz, Reece, & Nangle, 2006; Edwards, 2009; Edwards et al., 2011). In a pilot study on substance abusers, Johrei, a Japanese form of energy healing, showed positive effects on depression, anxiety, vigour, confusion and stress (Brooks et al., 2006). In the evaluation of a local African breath-psychotherapeutic workshop (Shiso), quantitative research findings indicated a significant increase in perceived spirituality and a decrease in breath rate while qualitative findings revealed the following as experiences related to the Shiso breath-based programme: relaxation, connection, openness, harmony, integration, awareness, amazement, healing and transcendence (Edwards, 2009). Edwards et al. (2011) described ways in which universal

energy is accessed for optimal health through the harmonisation of perceived disrupted or stagnant energy patterns.

Research related to higher states of consciousness has revealed an association between positive emotional states and physiological healing (Cysarz & Bussing, 2005; Hussain & Bhushan, 2010; Lipton, 2010; McCraty, Atkinson, Tomasino & Bradley, 2006; Pert & Marriot, 2008). Vedanta philosophy views these qualities as functions of the most subtle energy forms that operate as an intelligent, self-organising consciousness (Chopra, 2003; Chopra & Simon, 2004; Schlitz et al., 2005).

1.3 Survivor perspectives of healing

Based on a pilot study referred to in Schlitz et al. (2005, p. 157), Caryle Hirshberg (1993) identified the following personal characteristics that people considered important for their recovery from life threatening diseases. Seventy percent reported the following: a fighting spirit, seeing the disease as a challenge, realistic acceptance of the diagnosis without accepting the prognosis, caring relationships with family and practitioner and belief in a positive outcome. Sixty percent reported the following: renewed commitment to life, a will to live, a new sense of purpose, active changes in habits and behaviours and the expression of all emotions, both negative and positive.

The following characteristics were found to have profound effects on disease: belief in one's self, belief in something greater than oneself, taking a negative experience and turning it into something positive, will and determination, enhancing intimacy, choosing activities and behaviours that promote self-efficacy, love, joy, playfulness and satisfaction, a sense of purpose and support of others. In facing crisis, acceptance was demonstrated through experiencing despair, sadness and pain and, in these experiences, an inner power was discovered, indicating that life is meaningful and purposeful.

The above characteristics reflect a correlational relationship between the state of one's physical being and other domains of one's life. This thesis examines ways in which the interconnected aspects of our being: body, mind and spirit, as explained through the full spectrum energy model, can be applied through programmes for psoriasis sufferers. To explore this further, the study examines internal mechanisms, such as awareness of experience and intentions that create corresponding changes at the physical level.

1.4 Full spectrum model of energy healing

In the Vedic system of healing the human being is understood as a dynamic energetic system, comprising the gross, subtle and causal bodies, which are interconnected with the cosmos (Chopra, 1999). In this system the interconnectedness of all things is conceptualised through a holographic paradigm (Wilber, 2000). Vedic philosophy and psychology informs what has become known as perennial philosophy (Huxley, 1946; Wilber, 2000). In the Vedic system, consciousness is viewed as a form of energy which is expressed through a spectrum ranging from body to mind to soul to spirit, respectively supported by the corresponding gross, subtle and causal energy bodies. Each of the energy bodies is known and experienced through a corresponding level of consciousness which brings into awareness a different understanding of its experience/reality.

Ken Wilber's (2006a) theory on subtle energy rests on Vedic psychology's understanding of consciousness as energy, which forms the structural basis of the embodied self and when accessed at higher levels, reveals an intelligent and self-organising consciousness, best known through direct experience. This view is supported by philosopher-theorists such as Aurobindo (2004), Chopra (2003; 2009), Epstein, Senzon and Lemberger (2009), Patanjali (Chopra & Simon, 2004) and in the work done through the Noetic Institute (Schlitz et al., 2005).

How can this energy be accessed and how can it be known? The chakra system of healing and Patanjali's seven limbs of yoga, as energy healing modalities, are reviewed in chapter

two. This study attempts, in part, to address the need identified in Watson and de Bruin's South African study (2007) for adequately equipped psychologists who understand psoriasis sufferers and are able to develop and facilitate programmes relevant and integral to psoriasis sufferers.

In a holographic paradigm all parts of the universe continually evolve out of each other into a state of wholeness and are therefore interrelated at an energetic level (Chopra, 2003; Edwards 2013a; 2013b Wilber, 2006a). Similarly, Wilber's AQAL model (2000) demonstrates how people are connected at all levels and in all domains of their being: interior, exterior, individual and collective. Modern science demonstrates this phenomenon through quantum physics and the new biology (Emoto, 2001; Gerber, 2001; Graham, 1990; Lipton, 2010; Pert & Marriott, 2008).

The chakra system, as located within Vedanta philosophy, comprises energy centres within the human energy anatomy. This system demonstrates a dynamic relationship between body, mind, and spirit and reveals the vital role individuals play as co-creators of their own healing (Chopra, 2003; Judith, 2004). In energy healing, thoughts and emotions are conceptualised as forms of energy in motion (Lipton, 2010; Pert & Marriott, 2008). When emotions are blocked, denied or repressed, these emotions translate into traumatised energy that manifests in the body. As these unconscious energies are acknowledged, energetic patterns become released and resolved (Judith, 2004; Wilber 2006a). Messages and meanings play a role in unlocking the blocked energy (Epstein et al., 2009; Wilber, 2000). This is explicated through the chakra system of healing.

According to the literature reviewed energy healing uses breathing, sensing, gesturing, sounding and visualising, which are all non-verbal, multi-cultural languages, to access human potential (Edwards, 2009; Gerber, 2001; Graham, 1990; Sherwood & Edwards, 2009). Although techniques and experiences vary, they represent different gateways into deeper aspects of the human psyche and into higher states of consciousness (Gerber, 2001; Graham, 1990).

Vedic psychology as explicated in the work of Aurobindo (2004) and Chopra and Simon (2004) supports Ken Wilber's theories (2000) on subtle energies and consciousness. These theories offer an understanding of mechanisms that develop human potential beyond those stages defined in modern developmental psychology. Energy work involves accessing all, and especially higher states of consciousness, which are accompanied by corresponding levels of physical, emotional, social and spiritual development (Aurobindo, 2004; Edwards, 2006; Edwards, 2013a; Wilber, 2000). Chopra's work (1999; 2003; 2009) demonstrates ways in which awareness, intention and attention bring the body, mind and spirit into harmony with each other. Authors such as Aurobindo (2004), Wilber (2006a) and Chopra(1999; 2009) assert that it is from this centred and grounded being that awareness of reality or transpersonal unity emerges and the nature of one's higher or true self is realised. Psoriasis, a chronic skin disorder, is characterised by inflammation of the soft tissue areas afflicting joints, and dryness of the skin resulting in scaling, itching and bleeding (National Psoriasis Foundation, 2014; Watson & de Bruin, 2007). At a mental-emotional level, psoriasis sufferers find themselves in a lonely, isolated world filled with humiliation, agony and despair, with the skin continuing to serve as a barrier between the individual and their outer world (Watson & de Bruin, 2007). Quality of life is compromised (Joseph, 2010).

Chapter two further explicates the AQAL model and holographic paradigm of reality as it relates to human psychological development. It also examines the ontological self from a Vedanta perspective. According to Vedanta, pain, suffering and a sense of separateness are experienced through the body and mind as phenomena of the egoic self (Aurobindo, 2004; Wilber, 2006a). Vedanta advocates for the transcendence from the egoic self into the realm of *sat-chit-anand* or oneness, through contemplation on the nature of the real self that is all knowing as it exists in pure consciousness and bliss (Aurobindo, 2004; Chopra & Simon, 2004; Parthasarathy, 1999; Wilber 2000). Wilber (2000) argues that changes in one domain of being create corresponding changes in all other domains.

Studies by Cysarz and Bussing (2005); Hussain and Bhushan (2010) on meditation, and Abel, Lloyd and Williams (2013) studies on yoga practices, have shown improvement in various health related issues such as pulmonary functioning, diabetes and reduction of hypertension.

Studies related to heart rate variability have shown an association between personal qualities such as love, forgiveness, empathy, gratitude, compassion and physical healing (McCraty et al., 2006). Chopra (1999) and Wilber (2006a) describe mindfulness meditation as a form of energy healing associated with higher levels of consciousness. One study has shown that mindfulness meditation practised in a clinical setting has positive effects on skin clearing in psoriasis patients (Kabat-Zinn, Wheeler, Light, Skillings, Scharf, Croleby, Hosmer & Bernhard, 1998). However, this study provides an objective, outsider perspective report on external changes to the skin.

Various general research questions emerged from the literature review. What effect would energy healing have for a group of psoriasis sufferers when practiced outside a clinical setting? Chapter two examines different studies involving energy healing modalities outside of clinical settings. It also examines the different ways in which energy healing is experienced and known. Can subjective, internal, first person perspectives reveal more in respect of correlational changes at the internal experiential level? Can changes in other dimensions of one's life such as expanded awareness, intentions and attention have bearing on the external physical changes? Is there a core essence that energetically holds the being together as body, mind and soul? This study embarks on understanding the phenomena of energy healing as it relates to people living with psoriasis.

It is against this introductory context, that the study was designed to explore the effects of an energy healing programme as experienced by a group of psoriasis sufferers, from different domains of being and knowing that included an integrated objective, subjective and inter-subjective perspective. Chapter three describes an integrated methodological research approach used for the purpose of this investigation.

1.5 Hypothesis and research questions

This study is based on the hypothesis that energy healing will have a positive influence on psoriasis sufferers. The main research question therefore relates to the effectiveness of an

energy healing programme in a group of psoriasis sufferers. More specific research questions include the following: What were the participants' lived experiences of the programme? To what extent do awareness and intention to heal, as forms of energy, raise one's levels of consciousness? To what extent does new awareness lead to corresponding bodily changes related to psoriasis?

1.6 Aim of the study

The aim of the study was to evaluate energy healing in a group of psoriasis sufferers as they accessed a programme in energy healing.

Purpose of study

- To inform the development of meaningful and relevant empowerment programmes for this population.
- To promote the use of an integral approach, that includes all energy levels to optimise health care.
- To develop and promote affordable and communal aspects of healing.

1.7 Significance of the study

This study is intended as a contribution to the development of personal empowerment programmes based on an integral model of healing for psoriasis sufferers.

This programme may serve as an adjunct to conventional treatment at an out-patient wellness clinic or at an in-patient treatment clinic to improve quality of life and the standard care of people living with psoriasis.

1.8 Definition of key terms

The key terms in this thesis are operationalised as follows:

Consciousness: a state of being that ranges from a pre-personal non-dual primordial awareness to the ever-present witness and beyond.

Awareness: a moment to moment witnessing and knowingness that functions through the structures of consciousness.

Intention: attention in awareness that arises out of meaning and purpose created from its own level of consciousness.

Sufferer: a state of dis-ease experienced in relation to one's state and level of consciousness.

Absolute: a state of consciousness in which non-dual awareness exists without opposites.

Reality: an experience that is relative to the stage and level in consciousness development of the individual who is having the experience.

Truth: Vedanta differentiates between two kinds of truth: absolute truth which refers to the infinite. It is associated with wisdom and intuition that is experienced through direct realisation. Relative truth on the other-hand is dualistic. It is based on finite events and known through science.

1.9 Conclusion

This introductory review serves as a background to this study. Chapter two comprises a discussion of the relevant literature as it relates to the phenomenon of energy healing

explicated in the Vedanta tradition and supported by modern philosophers. Chapter three describes and discusses the research methodology selected to respond to the evaluation. Chapter four presents and analyses the data collected using the methodology described in chapter three. The study concludes with chapter five which presents a summary and conclusions drawn from the data presented in chapter four. This fifth chapter further provides recommendations for future research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter examines the literature on the phenomenon of energy as described by the Vedanta wisdom tradition of healing and further explicates Ken Wilber's AQAL model. It explores the experiences of people who are involved in various forms of energy healing from multiple perspectives and levels of being. It also reviews philosophical paradigms which accommodate and validate healing experiences which embrace full spectrum human energy anatomy. The concept of energy healing is defined and discussed below.

2.2 Energy healing defined

Vedic psychology provides an elaborate scheme of human anatomy as a dynamic energy system in which consciousness is expressed as a form of energy that ranges from matter, to body, to mind to soul to spirit. In this scheme, all manifestations of life emerge from the "Absolute", the most subtle form of energy and the ground and source of consciousness. Edwards et al. (2011) and Judith (2004; 2009) reveal how pure consciousness and/or energy involve ongoing descending and ascending currents in the continuous, respective processes of involution and evolution. This process may be explicated through seven levels of consciousness development, mapped onto the three energy bodies, interconnected by a self-organising principle (Chopra & Simon, 2004; Gerber, 2001; Judith, 2004; Rama, 1981; Wilber, 2000; 2006). Chopra (1999) refers to this organising principle in consciousness as pure awareness.

The essence or core organising principle that operates at a universal level is captured in a study of Edwards et al. (2011) which examined patterns of energy healing used in indigenous cultures of Africa, India and China. This study identified a shared vision of the universe as a

dynamic and interrelated whole held together by common rhythms and patterns. In these cultures, illness is viewed as a disruption or stagnation in energy patterns which reflects in all realms: natural, supernatural, individual, collective, social and cultural. Healing practices in these cultures therefore involves restoring balance and harmony at all realms and levels of being through mobilisation of universal energy which is believed to be freely available to all through consciousness and practiced through breath cycles, meditation techniques and related behaviours that promote communal well-being (Edwards et al., 2011).

In the Vedanta wisdom tradition of healing the principle of a central organising intelligence is conceptualised as occurring through *kundalini*, ascending and descending energy currents of the *chakra* system that overlays the three bodies as transformers of energy between the different levels of consciousness and their related energy structures: physical, subtle and causal (Judith, 2004; Wilber, 2006). These currents and forces are referred to as *shakthi*, *prana* and *qi* in the Eastern traditional systems of healing (Chopra, 2009). In Judith's work (2004; 2009) energy is defined as ascending and descending currents in which the *chakras* act as transformers within the human energy anatomy and healing is viewed as the union between these currents.

According to Arya (n.d.), in Vedic science, pure consciousness is referred to as *Advaita* or Oneness and is a state which is known through non-dual reality. This state in consciousness is elaborated in the work of Chopra (1999) and Wilber (1996a; 1996b). Into the wisdom traditions, this state is directly experienced as whole, eternal and infinite (Aurobindo, 2004; Chopra & Simon, 2004; Graham, 1990; Judith, 2004; Parthasarathy, 1999; Rama, 1981; Wilber, 2000; 2006). This understanding is now supported through modern science (Gerber, 2001; McCraty et al., 2006; Pert & Marriot, 2008; Wilber, 2000; 2006). Vedanta further explains that as consciousness descends, it reveals itself from spirit, to soul, to mind to body (the depths of unconscious matter). Vedanta associates these levels with causal, subtle and physical energetic structures referred to as bodies, sheaths or *koshas*, which are supported by respective levels of awareness (Aurobindo, 2004; Chopra & Simon, 2004; Gerber, 2001; Parthasarathy, 1999; Wilber, 2006). In the evolutionary unfolding of consciousness from matter (already involved with spirit), consciousness itself expands in depth, intensity and

power; energy becomes more subtle, and matter, while losing its span, becomes more complex as it transcends and integrates in the causal realm (Pert & Marriott, 2008; Wilber, 2000; 2006a).

Energy healing, therefore involves transformations in consciousness associated with expanded awareness and self acceptance at all levels of being: body, mind and soul (Aurobindo, 2004; Chopra & Simon, 2004; Gerber, 2001; Judith, 2004; Wilber, 2000; 2006). The process of knowing/remembering the true/real self, in the context of fear, attachment and suffering, serves as the fuel that unites the unconscious, disowned aspects of the self with the super conscious state of Oneness whose essential nature is whole, infinite and eternal (Aurobindo, 2004; Chopra & Simon, 2004; McCraty et al., 2006; Parthasarthy, 1999; Om, 1981; Wilber, 1997; 2000; 2006).

2.3 A modern context for energy healing

Based on the above understanding, Chopra (2009) asserts that if the body has to be changed it needs to happen through consciousness, since the body, including its physical appearance is a product of consciousness. Modern physics and new biology demonstrate the dynamic interconnectedness between energy, matter and consciousness. In Western science, Einstein was the first to recognise matter as a “frozen” form of dynamic energy comprising subatomic particles (Gerber, 2001). Yet the psoriasis sufferer typically perceives the physical body as an ugly, dirty, deformed and flawed entrapment (Watson & de Bruin, 2006; 2007).

Quantum physics explains further that the constant shifting nature of energy patterns form the basis for the transmutation of everything in the physical realm from one gross form to another (Gerber, 2001; Graham, 1990). At the subatomic or quantum level, quanta exist as possibilities, which Chopra (1999) refers to as unmanifest thoughts. In demonstrating the influence of observer intentions and attention on outcomes at the physical level, Heisenberg’s Uncertainty principle reveals that the reality created is relative to one’s state in consciousness

(Graham, 1990). Energy goes where the thoughts go. If intention can influence outcomes in research how would intentions to heal influence health outcomes in the psoriasis sufferer?

Based on a new understanding of how reality is created, the new biology takes cognisance of how one's "being in the world" relates to illness and to health (Graham, 1990; Lipton, 2010). Psoriasis, a chronic skin condition that is visible to others has shown to impact negatively on various domains of one's being, including one's self-concept (Watson & du Bruin, 2006). In similar ways, modern biology traces the psycho physiological network between intentions and attention as reflected through different states of consciousness and associated states in physiology (Lipton, 2010; McCraty et al., 2006; Pert & Marriott, 2008). These linkages will be examined further as they relate to the human energy anatomy.

2.4 The three energy bodies as expressions of consciousness

2.4.1 The causal energy body

Consciousness, at the highest or causal realm is supported by its most subtle energy form and is referred to as *Sat-chit-anand* which translated means knowingness-awareness-bliss (Chopra & Simon, 2004; Gerber, 2001). The literature describes this aspect of the self as the witnessing presence, a place of observation from beyond the mind from which all becomes intuitively known (Aurobindo, 2004; Chopra & Simon, 2004; Gerber, 2001; Judith, 2004). At this level, consciousness functions as an infinite, intelligent organising principle that is referred to as spirit and described as pure transpersonal awareness, emptiness, ever-present witness or super consciousness and is associated with peace, love, purity, harmony, compassion, wholeness that promotes healing from all levels of being: body, mind, soul and spirit (Aurobindo, 2004; Chopra & Simon, 2004; Wilber 1996b; 2006). This thesis is interested in investigating how the above states affect the various domains of being for people suffering with psoriasis. How would these states in consciousness transform perceptions of suffering and psoriasis?

Vedic philosophy postulates that the higher states in consciousness may be accessed as altered states of consciousness or cultivated and experienced in contemplation, meditation and yoga (Edwards et al., 2011; Chopra & Simon, 2004; Gerber, 2001; Wilber, 1996; 2000). This view is promoted in the West by Wilber's philosophy and supported by studies in modern biology (Kabat-Zinn et al., 1998; Lipton, 2010; McCraty et al., 2006; Pert et al., 2005; Wilber, 1996a; 2000). The above practices have been known to bring the individual into a state of quiet and calm alertness, a state of being that is associated with the causal realm (Chopra, 2003; Chopra & Simon, 2004; Pert & Marriott, 2008).

Wilber's AQAL model proposes that each interior state in consciousness has a corresponding energy-matter state as reflected in one's physiology (Wilber, 2006a). Clinical studies on mindfulness meditation have shown to have a positive influence on skin clearing in psoriasis patients while receiving medical treatment (Kabat-Zinn et al., 1998). How would forms of energy healing practices such as meditation, yoga and breathing, outside a clinical setting, impact psoriasis sufferers?

2.4.2 The gross energy body

At the opposite end of the energy spectrum consciousness, in its most diffused and fragmented state, reveals itself as matter and is referred to as the gross energy level in Vedanta (Wilber, 2006a). In science, gross energy forms are recognised as gravitational, electromagnetic, strong and weak nuclear energy and are comprised of atoms, molecules, cells, tissues and organisms (Wilber, 2006a).

Vedic philosophers/ scholars point out that at this level of consciousness, reality is brought into awareness through the limited scope of the physical structures of the five sense organs (i.e. eyes, ears, nose, skin and mouth) (Chopra & Simon, 2004; Om, 1981; Parthasarathy, 1999; Wilber, 1996a; 2006). This implies that for the psoriasis sufferer living from this level of consciousness, self-identity is structured around the senses: "I am the body ... I am psoriasis." This point will be further explicated through Vedanta's perspective of the ontological self as supported in Wilber's AQAL model.

Wilber (1996a; 2006a) points out that with increasing consciousness, the qualities of the subtle and causal energy fields become more prevalent. He supports his argument with findings from a new biology which demonstrate that corresponding evolutionary change at the biological level is marked by development of the neo-cortex (Wilber, 2000). This is further supported in Chopra (2009) which refers to the brain of Tibetan monks, who meditate on compassion, that show structural developments in the area of the frontal-cortex. This part of the brain is associated with consciousness, awareness and intelligence and has been found to play a role in decision making and choices which makes intention and attention possible (Lipton, 2010; Pert & Marriott, 2008). This suggests that through meditation practice a different level of being becomes possible from that of the hind brain. The hind brain activates unconscious reflexive functions of the hypothalamic-pituitary-adrenal (HPA) axis such as the flight, fight, or freeze responses which depress metabolic activity (Hartman & Zimberoff, 2006). This has been evident in the reciprocal relationship between psoriasis and stress that has long been established (Tausk, Elenkov & Moynihan, 2008; Watson & du Bruin, 2007). How would living more consciously impact on self-regulation, self-management and self-identity for this community?

The field of cognitive biology explains the reflective nature of the fore-brain which creates awareness as to how one's reality is constantly being created (Pert & Marriott, 2008). Chopra (1999) in this sense refers to awareness as self-referral. It allows for attention to be intentionally focused on the inner experience of bliss and love. These higher-order emotional states and cognitive capacities, associated with the development of the frontal-cortex, have been shown to play a role in correcting imbalances and creating healing in all aspects of experience, including at the physiological level (Hartman & Zimberoff 2006; Kabat-Zinn et al., 1998; Lipton, 2010; McCraty et al., 2006; Pert & Marriott, 2008; Shapiro, Carlson, Astin, & Freedman, 2006; Tausk et al., 2008; Travis, 2014).

Hartman and Zimberoff (2006) utilise the polyvagal theory to describe ways in which harmony and balance is established within the individual. This theory is based on the interaction between the sympathetic and parasympathetic nervous system and explains how development of the ventral vagal complex (the new brain) establishes balance between the

unconscious energies of the dorsal vagal complex (ancient brain) and the conscious energies of the ventral vagal complex. The ventral vagal complex regulates sociability, through expression and vocalisation associated with attention, motion, emotion and communication. They therefore assert that through the development of the ventral vagal complex, the unconscious functioning associated with reflexive regulations of sweating, lungs, the diaphragm, stomach and intestines can be mediated (Hartman & Zimberoff, 2006).

Studies in psychophysiology, which tracked the effects of meditation on brain wave patterns and heart rhythms and patterns, have revealed a level of organisation within the individual that leads to coherence, synchronisation and harmonious interaction within the body and environmental systems (Edwards, 2013 a; 2013b; McCraty et al., 2006). The work of McCraty, et al. (2006) concluded that heart rhythms, when influenced by positive emotions, play a central role in calibrating an electro-magnetic field which is communicated through encoded information to the entire body from the systemic to the cellular level.

Hartman and Zimberoff (2006) describe how stimulation of the chakras through meditation creates changes in the hypothalamic-pituitary-adrenal (HPA) axis that improve hormonal and immune system functioning. The McCraty et al. (2006) study reveals a correlation between the experience of sustained positive emotions such as appreciation, compassion and love; heart rhythm coherence; improvements in diabetes and asthma; cognitive performance related to intuition and quality of life. Hence, the present study is interested in investigating the extent to which expanded awareness through the practice of meditation and mindfulness leads to corresponding changes in heart rhythm coherence in people with psoriasis.

In Vedic psychology *prana*, a form of energy that animates the physical body, is identified with “I –consciousness” (Arya, n.d.; Edwards, 2006; Rama et al., 1979; Wilber, 2006a). It is expressed through the breath and forms the bridge between the physical and subtle energy levels (Chopra & Simon, 2004; Rama et al., 1979; Wilber, 2006a). According to Rama et al. (1979), the pattern of energy flow in the breath plays a role in ill health and in healing. The quality or pattern of the breath flow, as determined by its rate, rhythm, depth and course, moulds the *pranic* force that creates and sustains the metabolic processes of the physical

body. Each new breath, smooth and continuous or irregular and choppy, reshapes the quality of energy that underlies the cells and tissues of the body. Rama et al. (1979) assert that changes in physiology can be observed through body functioning and body appearance if that energy pattern shifts significantly. This thesis explores ways in which breath awareness creates shifts in awareness at a bodily level.

2.4.3 The subtle energy body

Vedanta describes the realm in between the causal and the physical as the subtle level. This level manifests from the causal, as it carries forward the blue print for conditions and experiences that serve as impetus for the evolution of the embodied self (Aurobindo, 2004; Chopra & Simon, 2004; Wilber, 2000). In the human energy anatomy, the subtle energies comprise etheric, astral and psychic energy fields in which thought and sexual-emotional energy have their own fields (Aurobindo, 2004; Gerber, 2007; Wilber, 2000; 2006). Modern physics refers to these electromagnetic fields as T-fields (Gerber, 2007). At this level of consciousness, Vedic philosophers such as Aurobindo (2004), Chopra and Simon (2004) and Parthasarathy (1999) describe an associated level of reality that becomes known through the operations of the mind, ego and intellect. According to these authors reality at this level is expressed as thought forms and emotional expressions that resonate at a physical level in the form of health or disease.

Vedanta differentiates between the mind and the intellect. It describes the mind as an organ of perception that distorts reality and the intellect as the organ of perception that creates insights and awareness of the relative nature of reality and truth, hence serving as a tool for self-realisation (Chopra & Simon, 2004; Parthasarathy, 1999). Cognitive biology associates these shifts in consciousness with the development of the frontal cortex (Lipton, 2010; Pert & Marriot, 2008). Similarly, Shapiro et al. (2006, p. 377) theory on mindfulness associates intention, attention, an attitude of patience, compassion and non-striving with re-perceiving, an aspect of mindfulness that facilitates self-discovery and self-liberation. This thesis explores changes in self-identity when perceptions of self and of psoriasis change as one happens to access higher levels of reality.

2.4.3.1 The organising power of intention

In an empirical study, Emoto (2001) illustrates the effects of energetic communication on the molecular structure of water. Emoto found that when positive thoughts and emotions such as love and appreciation were focused on samples of distilled water, the molecules formed delicate, symmetrical shapes. When samples of water were sent negative messages and emotions, the water formed chaotic, fragmented structures (Emoto, 2001). What role then, would intentions and desires play in healing for psoriasis sufferers given that sixty percent of the human body comprises water? The field of psychoneuroimmunology report on the influence that thoughts and emotions have on psoriasis through the neurological, immune system and endocrine systems' network. (Kabat-Zinn et al., 1998; Tausk et al., 2008). Lipton's (2010) work demonstrates the role of perception and new beliefs in changing brain chemistry and immune system functioning. Epstein et al. (2009) illustrate the role that meaning of disease and suffering play in facilitating self discovery and self-acceptance.

In working with the unconscious aspects of the self, body psychotherapy and expressive therapies describe healing as the release of somatic energy in the form of repressed and inhibited emotions by intentionally bringing into awareness repressed emotions and integrating these disowned parts of the self (Judith, 2004; Wilber, 2000). This study investigates what happens when disowned, unconscious aspects of the self are brought into awareness in someone with psoriasis?

According to Pert and Marriott (2008), memories are stored in the body's psycho-somatic network which extends beyond the brain from the spinal cord to internal organs and to the surface of the skin. Pert and Marriott's (2008) work in the field of cognitive biology reveals that emotions which are held in the body remain outside of one's awareness. These emotions affect perception, decisions, behaviour and health at an unconscious level. Operating from this bodily level, negative emotions filter reality. This discovery offers an explanation to the claim held by Vedanta, that perceptions at the level of the mind-body distort reality.

Related to Heisenberg's Uncertainty principle, Shapiro et al. (2006) assert that intentions set the stage for all possibilities. According to their theory of mindfulness, with deepening practice in meditation, goals in meditation shift from self regulation, to self-exploration to self-liberation. At this level, the healing qualities of love, compassion, joy, equanimity, creativity, intuition and bliss become stabilised states (Chopra, 2003; Judith, 2004; Om, 1981; Wilber, 2006a). Shapiro et al. (2006) identify the following mechanisms that facilitate these shifts: self-regulation and self-management; clarification of values; cognitive, emotional and behavioural flexibility and exposure. Shapiro et al. (2006) clarify that emotions are viewed with greater objectivity when the distant observer position is adopted. From this position, emotions are recognised as transient mental phenomena that serve to inform awareness with regard to their associated messages and meaning thus facilitating coping skills. Unconsciously chosen and taken for granted values are re-evaluated as they become witnessed with greater clarity (Shapiro et al., 2006).

Ramana Maharishi's first line question: "who am I?" (Om, 1981) becomes relevant in re-defining psoriasis and the self at each stage of development. Epstein et al. (2009) describe the healing aspects of suffering and painful experiences when they serve to expand awareness at the ego level. New insights into meanings and messages encompassed in life experiences lead to self-discovery. Similarly, Assagioli's Self-identification techniques provide practical therapeutic tools for self-discovery of the true self as love, joy and peace (Assagioli, 2010; Edwards, 2013). Jon Kabat-Zinn's mindfulness techniques have shown positive influences on stress reduction in Schure, Christopher & Christopher's study (2008) and on psoriasis (Kabat-Zinn et al., 1998). Edwards' study (2013a) which investigated the influence of Assagioli's disidentification technique on perceptions of identity, mindfulness and spirituality revealed that the Self-identification meditation experience of twenty minutes is associated with increased mindfulness and spirituality perceptions.

2.4.3.2. The organising potential of the breath

The Vedanta tradition has similarly identified the organising potential of the breath. Chopra and Simon (2004, p. 17) refer to *prana* as the organising principle that "breathes life into biochemicals" of the body. These authors refer to five *pranas* whose locations are similar to

those of the energy centres of the chakras and serve the function of energising the *pranamaya kosha* that contains the physical layer of the human energy anatomy. These authors assert that breathing practices such as *pranayama* establish interconnectedness between the mind and the breath that have a positive bearing on health. Modern biology has demonstrated this in the relationship between breath rate and emotional states (Chopra & Simon, 2004; Edwards, 2006; 2013a; Hartman & Zimberoff, 2006; McCraty et al., 2006; Rama, et al., 1979).

According to Rama et al. (1979), negative emotions have been found to have a distinctly different resonance on breathing patterns to positive mental states. Fear is expressed physiologically in shallow, rapid breathing; depression: heavy and rapid breaths; grief in shallow sobs and anger in trembling huffs (Edwards, 2006; Rama et al., 1979). Each one of these distorted breathing patterns cut off blood flow to parts of the body. Synchronised breathing on the other hand has been shown to balance and harmonise the external and internal systems of digestion, circulation, neuro-chemical, endocrine and neurological systems (McCraty et al., 2006). It has also been found to influence alpha brainwave activity (Edwards, 2006; 2013a; Edwards et al., 2013). Edwards' study (2009) reveals that the breath meditation experienced as slow, soft, silent and stilled is associated with an enhanced quality of life and energy. In more recent studies Edwards (2013a) and Edwards et al. (2013) used integral research approaches to investigate the role of breath meditations from all domains of life. These studies will be reviewed later in this chapter.

Since awareness of intentions and breath form the bridge between the causal and the gross realm, the current study investigates what breath awareness and intentions to heal reveal in a group of psoriasis sufferers.

2.5 The ontological self and the psoriasis sufferer

In describing the self, Wilber distinguishes between “I” and “me”. The “I” is experienced as the observing self, and “me” as the observed self, together referred to as “overall self” (Wilber, 2000, p. 33). Vedanta refers to the observed self as “I-consciousness” described in Arya (n.d., p. 4) or “I am” revealed as the emergent soul or *atman* and the cause of

separateness (Chopra, 1999, p. 190). The observing self, however, referred to as the absolute Witness remains constant as the observed self or “me” is navigated along the following developmental lines: cognitive, moral, interpersonal, spiritual and affective (Chopra & Simon, 2004; Wilber, 2000).

During psychological development, the overall self navigates itself from the identity of the material self to bodily self to mental self to soul self to selfless self (Chopra & Simon, 2004; Wilber, 2000). At the sensory and rational levels of being and knowing, the world is constructed by ego consciousness (Om, 1981). This implies that for an individual living from the bodily self, the self is perceived as “I am psoriasis”. In Watson & du Bruin’s (2006) existential phenomenological study of the impact of psoriasis on self-concept, the group described being unable to differentiate psoriasis from their inherent self.

As awareness shifts from ego-centric to ethno-centric, self-identity relates to new meanings and messages perceived about the body and one’s role in relation to cultural and social expectations (Wilber, 2000). Watson & du Bruin’s study (2006) points to the role of the body that women adopt as a part of a communication system and methodology for emancipation. Hence, Watson & du Bruin highlight the need for treatment of the whole person: body, mind and spirit. Watson & du Bruin (2007) identify participants’ ability to make meaning from their suffering as a defining factor for self-empowerment.

Shifts in awareness from ego-centric and ethno-centric to world-centric and finally theocentric create transformation in an identity that is shared with all sentient beings and is experienced as joy, love, peace and harmony (Wilber, 2000, 2006a). Watson & du Bruin’s (2007) study refers to the role of spirituality in redefining the self more positively and healthily in people with psoriasis. If these states in consciousness are associated with the causal energy level, how would joy, love, peace and harmony, impact on people living with psoriasis when intentionally accessed?

Development in consciousness is marked by the observed self's identification with the level above it (from body-ego, to persona, to ego, to centaur, to soul) followed by dis-identification from the level below as the self integrates the functional capacities of the lower level into its being (Wilber, 2000). In this process the content of one's being becomes the context of the next level. The observed self, as the subject, becomes the object of experience in the next level. At this level the fundamental shift rests on the realisation that: "I have psoriasis. I am not psoriasis". This implies that as identity shifts from ego to spirit level, self perceptions as "psoriasis sufferer" shift from "the person living with psoriasis" to an identity of "Oneness" with all of humanity.

Edwards (2013a) points out that some sense of self has to be developed if it is to be integrated into the overall self. While identification with positive emotions and/or visualising a resource state has been found to bring the individual into a state of harmony and balance at a mental, emotional and physiological level, shadow aspects of the self need to become integrated for self-acceptance (Edwards, 2013a; Hartman & Zimberoff, 2004; McCraty, 2006). Chopra (2003) points out that when practicing gratitude, compassion and empathy, then attention it-self cannot be focused simultaneously on the ego-self and on gratitude. Any form of appreciation brings one into the present moment expanding awareness to the deeper messages and meanings of those experiences (Chopra, 2003; Shapiro et al., 2006). How do new meanings of psoriasis and suffering facilitate self-discovery and self-acceptance? And in what way do shifts in identity, from observed self to that of observing self, relate to energy healing?

2.6 All quadrants, All levels (AQAL) model of energy healing

2.6.1 The holographic paradigm of psychological development

Wilber's work similarly tracks the development of consciousness from the pre-personal states to the transpersonal states of consciousness. He uses the AQAL model to map the development of consciousness as a holon which is always both part and whole as they form fundamental linkages in the universe (Edwards, 2013b; Wilber, 2000). Each holon is

experienced and known through four quadrants or domains of being: interior, exterior, individual and collective which are interconnected and mutually inter-dependent (Wilber, 1996b; 1997; 2000; 2006a; 2006b). Watson's and du Bruin's (2006; 2007) South African studies identify a need for the experiences of psoriasis sufferers to be understood from all these domains. This need has been partially addressed by health care systems that examine the impact of disease on quality of life.

The World Health Organization (1997) defines quality of life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment" (WHO, 1997).

As a screening tool, the Dermatology Quality of Life indices adopted by Finlay & Khan (1992) include self perceptions on: symptoms and feelings, daily activities, leisure, work and school, personal relationships and treatment. These aspects of life capture the four domains of consciousness, the interiors, exteriors, individual and collective aspects of self as described by Wilber (2000). Two separate studies, one on indigenous forms of energy healing by Edwards (2006) and the other on contemplation by McCraty et al. (2006), report findings on improvements in quality of life. Similarly, this thesis seeks to understand the effectiveness of energy healing on quality of life in people living with psoriasis.

In Wilber's model of consciousness development, each holon tetra-evolves from a pre-conventional to a post-conventional orientation of the world. This is facilitated at each level of consciousness through the relative modes of awareness, viz., matter, sensation, perception, except, impulse image, symbol, endocept, concept, rule, formal, vision-logic, vision, archetype, formless to non-dual reality (Wilber, 2000). These modes of knowing form the building blocks for expanding awareness. Wilber's structures correspond with the chakra system's modes that proceed from material to emotional-sexual, to intentional-mind (power), to community-mind (love), to verbal rational mind, to psychic-mind (vision) to

transcendental oneness (light) (Wilber, 2000). Hence, this thesis is interested in exploring the ways in which these increased levels of awareness unfold in the different domains for this population.

2.6.2 Different ways of being and knowing energy healing

In Wilber's model, at the lower rungs of consciousness, the exterior/right hand quadrants contain the objective reality of energy, ranging from the material, gross forms to the most subtle. The interior/left hand quadrant contains the reality of subjective inner experiences of consciousness through which the exteriors become known (Wilber, 1996a; 2000; 2006). At the lower levels, the body, its shape, form, colour, texture and structure are manifestations of consciousness that function through the bodily-self or ego-self.

The upper left quadrant

The interior or upper-left quadrant (UL) includes waking, dreaming and deep sleep states of consciousness (Chopra & Simon, 2004; Parthasarathy, 1999; Wilber, 2006b). These states are known through internal, subjective experiences and are expressed through first person perspectives of phenomenology (describing the feeling of a feeling) or objectively studied through structuralism (describing what the feeling looks like) (Wilber 2006b). Energy healing at the emotional level is experienced through the practice of yoga, *pranayama* and sex (Wilber, 2000). At the mental level, intentions held in the unconscious become known through the discipline of psychoanalysis as it reveals the interior states of consciousness objectively. Meanings and messages are unravelled through the breath in studies by Edwards (2006; 2013a) and Edwards et al. (2013), through body awareness as experienced in body scan exercises and in dream work (Judith, 2004). New meanings and messages are also acquired through an adopted philosophy of life and visualisation. At the spiritual level energy healing is experienced through systematic meditation techniques, such as mindfulness, self-inquiry, centering, bare attention and prayer which serve as tools for investigating the subjective experiences of interior states through the witnessing capacity of "I" (Travis, 2014; Wilber, 2000; 2006b).

The lower left quadrant

The lower left quadrant (LL) reveals the internal, subjective experiences of the collective through the discipline of hermeneutics and semiotics (Wilber, 2006b). The beliefs, values, ethics, morals, social roles, rules and conventions become known by studying the language while the shared meanings and interpretations are known through group enquiry (Wilber, 2006b). What meanings and messages do psoriasis sufferers bring into the programme about energy, energy healing and psoriasis, how do they influence intentions to heal and that of the group? How will the shared collective dialogue, experiences, behaviour and mutual understanding of the group influence the process outcome in terms of consciousness transformations and psoriasis symptoms?

The upper right quadrant

The interiors of the UR domain contains a form of intelligence which involves the exchange of knowledge and information for autopoietic organisation (Wilber, 1996b; 2006b). The interiors of this domain are known through cognitive biology, biochemistry and neuroscience and are revealed through objective, positivist research methodologies (Wilber, 1996b; 2006b). Psychophysiological measures are based on the unique electroencephalographic (EEG) patterns created by brain wave frequencies associated with the different states of consciousness. The waking alert state is associated with a beta brain wave frequency, dream state with theta brain waves and deep sleep with delta. Altered states, such as those accessed during meditation reflect alpha and gamma brain wave patterns (Edwards, 2013; Hartman & Zimberoff, 2006; Wilber, 2000; 2006a). Theta brain waves are associated with the dream state and the subtle energy function of organising information. Delta brain waves are associated with deep sleep (Hartman & Zimberoff, 2006; Wilber 2006a).

Related studies in the burgeoning fields of neuropsychology and psychoneuroimmunology have revealed the central role of the heart in synchronising physiology with sustained positive emotions such as appreciation, care and love (Edwards, 2013; Edwards et al., 2013; McCraty et al., 2006.) Psychophysiological coherence is associated with a highly ordered heart rhythm pattern that measures 0.1 hertz (in the medium frequency range of the HRV power spectrum), increased autonomic balance and synchronisation between the sympathetic and

parasympathetic branches of the nervous system, entrainment between the heart rhythm pattern, respiration and blood pressure rhythms, and biological oscillators that include brain rhythms, craniosacral rhythms and electrical conductance measured on the skin creating system wide coherence (Mc Craty et al., 2006). According to McCraty & Tomasino (2006, p. 3) a coherent mode benefits the system in the following ways: improved blood pressure control, inhibition of pain signals, increased cardiac output with increased efficiency in fluid exchange, filtration and absorption between the capillaries and tissues, increased ability of the cardiovascular system to adapt to circulatory requirements, as well as increased temporal synchronisation, increased emotional stability and improved cognitive performance. What does practicing the “heart breath” reveal in the lives of psoriasis sufferers?

Negative emotional states on the other hand display a disorganised heart rhythm pattern and are associated with a low HRV, an increase in sympathetic nervous system activity and an increase in heart rate. Mental focus is reflected through increased parasympathetic activity associated with shallow, faster breathing patterns. Relaxation is associated with increased parasympathetic activity and a lowering of the heart rate. Psychophysiological coherence is physiologically and psychologically different from the state of relaxation as it involves a change in the heart rhythm pattern and not necessarily a decrease in heart rate or in the amount of HRV. Since relaxation is conducive to rest and sleep, attention shifts from cognitive and emotional awareness. The coherent mode, although experienced as a calm and balanced state, is accompanied with alertness and responsiveness. Increased harmony and synchronisation in the nervous system is created through heart-brain entrainment as reflected in heart rhythm coherence associated with sustained positive emotions and synchronised breathing patterns (McCraty & Tomasino, 2006). The current study explores the effects of psychophysiological coherence through heart rhythm coherence when it is intentionally created in people with psoriasis.

The lower right quadrant

This quadrant is experienced and influenced by institutions and organisations that include health care programmes that understand and develop all aspects of being. It includes environmental systems, the family, the community, the nation and at the higher levels of

consciousness, it includes all of humanity (Wilber, 1996a). It includes healing traditions such as Vedanta's yoga system of healing and the chakra system as it relates to *kundalini* energy. It also refers to health care systems that include emotional, mental and spiritual components to healing.

According to Wilber non-dual consciousness and related experiences of peace, harmony and bliss is evident when the mystical heart gets bigger, the mind gets bigger and one moves into ever increasing circles of care and compassion that include and transcend the family, the community, wider society, the nation, all human beings to all sentient beings (Wilber, 2000; 2006a).

The table below illustrates energy healing through the different domains.

Upper left	Upper right
<p>Consciousness</p> <p>Interiors-individual (Subjective)</p> <p>Experiences</p> <ul style="list-style-type: none"> • Yoga, meditation, breathing, sex • Psychotherapy, Shadow work, visualisation • Self-inquiry, mindfulness, bare-attention, centering, witnessing 	<p>Energy structures</p> <p>Exteriors-individual (Objective)</p> <p>Behaviours</p> <p>Physical</p> <ul style="list-style-type: none"> • Healthy food choices • Healthy life style choices <p>Neurological</p> <ul style="list-style-type: none"> • Brain/mind machines that measure heart rhythm coherence, brain waves, breath rate and skin conductance. • Neo cortex development and neural network
I	It
We	Its
<p>Cultures</p> <p>Interior-collective (Inter-subjective)</p>	<p>Systems/Environment</p> <p>Institutions and traditions</p> <p>Exterior-collective (Inter-objective)</p> <ul style="list-style-type: none"> • Patanjali's Nine limbs of Yoga and the

<ul style="list-style-type: none"> • Relationships as part of one's growth and de-centering. • Practice of compassion and gratitude. • Community service and volunteer work. 	<i>Kundalini</i> system of healing in Vedanta. <ul style="list-style-type: none"> • Wilber's AQAL model when viewed only as a social system from an exterior collective perspective • Perennial philosophy of Ancient wisdom traditions. • Health care programmes that support and include emotional and spiritual components.
Lower left	Lower right

Table 1: Different ways of being and knowing energy healing

(Source: Senson, 2007; Wilber, 2000)

2.7 Energy healing modalities

The next part of this chapter focuses on the following two aspects: practices developed and promoted by Vedanta and secondly, research findings that support these practices as they promote healing in the different quadrants of being.

Vedic philosophers, Aurobindo and Patanjali present different approaches to achieving integration of the different levels of consciousness in order to reach the goal of oneness. Aurobindo (2004) viewed matter as the material base for creation therefore the physical body was believed to serve as the primary agent for the transformation of consciousness. In this regard emphasis is placed on food, sleep, hygiene and physical exercise for accessing life energy. On the other hand, Patanjali's seven limbs of yoga is based on the philosophy that healing starts at the subtle energy level by eliminating disturbances arising from uncontrolled emotions and desires (Aurobindo, 2004; Chopra, 2004).

The *chakra* system of healing based on the *Kundalini* yoga system, combines embodiment, enlightenment and integrative philosophies (Judith, 2004). This system is supported now by modern biology which has established that the conscious and unconscious aspects of self become more integrated when the energies of the sympathetic and para-sympathetic nervous systems are brought into harmonious balance (Hartman & Zimberoff, 2006).

2.7.1 The seven limbs of yoga

Yoga refers to uniting of the unconscious, lower levels of consciousness with the higher states of consciousness (Chopra & Simon, 2004; Judith, 2004; Parthasarathy, 1999). Patanjali's seven limbs of yoga form inter-dependant strategies for expanding consciousness (Chopra & Simon, 2004). Each limb as a step corresponds roughly with the function of each chakra as it corresponds with the stages in consciousness development. The first step starts with *yama* and *niyama* i.e. the adoption of a social and personal behaviour, followed by *asanas* (breath coordinated postures referred to as *hatha yoga*) and *pranayama* (breathing patterns). According to Chopra and Simon (1999), the practice of yoga *asanas* work in three ways: it creates strength, flexibility and balance at the physical, mental and spiritual level. *Dharana* (refined attention that focuses on awareness of intention), *dhyana* (development of the witness capacity) and *samadhi* (emptiness or pure awareness) are stages of development in the meditation experience (Chopra & Simon, 2004). These practices serve as uncovering techniques to discovery of the true self, as pure awareness. While the psoriasis sufferer is constantly unpeeling the dead and flaking layers of the physical body for superficial, temporary relief, the practice of yoga works to unpeel the superficial layers of the real self.

2.7.2 The chakra system of healing

In the tantric tradition, the *chakra* system is viewed as a vehicle that weaves the polar forces in the universe (feminine/ masculine, mind/ body, matter/ spirit) towards non-dualism and realisation of absolute consciousness or oneness (Judith, 2004; Wilber, 2006a).

In Indian psychology, the principles of energy healing are demonstrated through the *Shiva-Shakthi* principle or creative force, which is located at the base of the spine and when transcended, as *Kundalini* energy or raw, uncontained energy within the scope of matter, it transforms matter and consciousness to the next level of development (Gerber, 2007; Judith, 2004). Its basis lies in universal energy and its interconnectedness with that energy in its various forms. This model is supported by both Wilber's concept of consciousness as a holon and autopoiesis which refers to the self, embedded in its context, as a self organising system (Wilber, 2006a; 2006b).

As energy transformers, the chakras organise the physical body into illness and/or health (Judith, 2004). Negative experiences, pain and suffering are viewed as integral elements for creating awareness and insights for integration of the shadow or rejected aspects of the self (Aurobindo, 2004; Judith, 2004; Wilber, 2000). While the ancient traditions focused on the liberating aspects of this system for healing, modern perspectives of the chakra system include the emotional aspects of healing that are necessary for wholeness and transcendence. They acknowledge psychologically repressed states, unconscious defence patterns and deficient coping strategies of the human being through application of depth psychology as well as embodiment and integrative philosophies (Judith, 2004, Wilber, 2000).

Described below are various healing practices that correct imbalances at corresponding levels of consciousness that bring the being into a state of balance and harmony (Judith, 2004; Wilber, 2000). This system is supported by the work of Hartman and Zimberoff (2006) which establishes a link between the chakras and corresponding endocrine glands as illustrated in the table below.

Levels of consciousness	Mental-emotional imbalance	Corresponding bodily imbalances	Healing practices	Balanced chakra
Root chakra	Fear	Feet, legs, spine	Grounding physically through the legs and feet. Create and maintain healthy boundaries. Focus in the here and now. Reichian bioenergetic methods and Holotropic breath.	Stability, grounding, physical health
Second Chakra	Guilt	Kidney Ovaries/testes Impacts	Bodily expression of emotion through movement. Resolving inner child issues. Developing healthy boundaries. Replacing unhealthy life style	Healthy sexuality, in touch with feelings

		hormones	choices with positive ones. Developing sensate intelligence and unified experience of the senses eg. smelling anger or tasting an emotion.	
Solar plexus	Shame	Adrenals and pancreas Impacts emotions	Grounding and relaxation exercises. Developing self-esteem and self-discipline.	Express intention, vitality, self-esteem
Heart chakra	Grief	Heart and lungs Thymus Impacts immunity	Pranayama. Developing the chest and arms. Journaling and self-discovery. Grief work that includes gratitude, forgiveness, kindness, compassion, generosity, and collaboration.	Compassion and self acceptance
Throat chakra	Lies	Thyroid Impacts metabolism	Singing, chanting, storytelling, journaling, inner child work and creative activities that are non-goal oriented.	Communication, creative expression
Third eye	Illusion	Pituitary (the master gland)	art, meditation and psychotherapy include art therapy, connecting image with feelings, dream work, guided visualisation and hypnosis	intuition
Crown chakra	Attachment to experiences	Pineal Impacts circadian rhythms	Balancing the energies of the first (physical) and second chakra (emotional) with the seventh. Spiritual connection and discipline. Developing the inner witness.	Wisdom, nondual consciousness

Table 2: The *Chakra* system of healing.

Source: Hartman & Zimberoff, 2006; Judith, 2004; Wilber, 2000.

In similar ways Wilber's AQAL model illustrates the mutual influence of interiors (consciousness expressed through emotions, thoughts and spirit) and exteriors (energy structures ranging from gross to subtle to causal and its self-organising principles) at a singular and collective level. Wilber's model further provides a methodology that facilitates self-discovery through a reality that includes all levels of consciousness as it integrates awareness through the languages of "I" "we" and "it".

2.8 Supporting studies

2.8.1 Sudarshan Kriya yogic breathing

In a review of clinical studies on sudarshan *kriya yogic* breathing (SKY), Brown and Gerbarg (2005) found the SKY programme to be helpful in patients with a wide range of medical disorders which included chronic fatigue, chronic pain, fibromyalgia, neck and back pain, TMJ pain, cancer, diabetes, multiple sclerosis and asthma. It was also shown to have a positive influence on depression, insomnia, anxiety, phobias, PTSD, stress related medical conditions and prison programs. There were no studies on the SKY programme that reported on its influence on psoriasis.

The review of the SKY programme was based on clinical observations of 400 patients in studies over a six year period. The purpose of this study was to establish guidelines for safe use. The SKY course included asanas (*pranayama*, yoga postures, meditation, group process and basic yogic knowledge). The following *pranayama* techniques taught and practiced included: *Ujjayi*. This breath is subjectively experienced as physically and mentally calming with alertness. *Bhastrika* engenders excitation followed by calmness. Other techniques were *Om* and Sudarshan *kriya*.

The programme in the current study was informed by recommendations based on the following findings from this study. The SKY programme was contra-indicated for individuals with psychotic disorders and borderline pathology. Only the *ujjayi* breath was recommended for these cases for its calming benefits. The *bhastrika* or breath holding

exercise was not recommended for pregnant women, individuals with high blood pressure or cerebral vascular diseases or migraines. *Pranayama* exercises need to be modified in patients with epilepsy and is generally not taught to patients with seizure disorders. Breath retention should be avoided in symptomatic asthmatics. Indicators of incorrect or over-use of the techniques was: dizziness, light-headedness, irritability, euphoric states, psychosis in bipolar and dissociative disorders and in schizophrenic spectrum disorders. The current energy healing programme for psoriasis sufferers, however, revealed that people with psoriasis experience their own set of unique challenges that require accommodations during the practice of yoga *asanas*.

2.8.2 Meditation

While the wisdom traditions of the East developed systematic meditation techniques to investigate internal, inner experiences described by Travis (2014) as the absence of time, space and body sense as well as peaceful and unbounded awareness, studies from the field of cognitive biology have demonstrated that the cells of the frontal cortex thicken with meditation, almost like a muscle that strengthens with practice (Pert & Marriott, 2008). Other studies have pointed to multi-dimensional changes that range from health benefits to improved cognitive levels of functioning to spirituality levels in various population groups (Edwards, 2013a; Edwards et al., 2013; Schure et al., 2008; Travis, 2014). The current study seeks to track multi-dimensional changes in psoriasis sufferers as they access the energy healing programme.

Similarly, Schure et al. (2008) evaluate a mindfulness-based stress reduction programme, to gain in-depth understanding of a group of students' experiences of *hatha* yoga, meditation and *chi-gung* as mindfulness practices. This study however utilised a qualitative approach for its evaluation.

Schure et al. (2008) revealed benefits across all levels of being: physical, emotional, mental, interpersonal and spiritual. The sample included 33 students from Masters level counselling programmes. Their ages ranged from early 20's to mid 50's. There were 27 females and 6

male participants: 30 were White, 2 were Japanese and 1 was Native American. The programme was 15 weeks in duration and data was collected from class groups over a four year period. The programme itself involved attending a 75 minute class twice a week. *Hatha* yoga, sitting meditation and *chi gung* was practiced and related reading assignments were completed. Participants were also required to practice for 45 minutes per week outside of the class.

The data, which comprised self-perceptions of the participants, were collected from final journal assignments based on four open-ended questions that were not linked to a course assessment outcome. Credibility was established by eliminating the instructor from the data-analysis process and coding of themes involved triangulation methods. Although not all students experienced each of the fifteen identified themes, there were no differences in the responses collected over the four years. The current study uses triangulation of research methodologies which Wilber refers to as methodological pluralism (Wilber, 2006b).

In the study of Schure et al. (2008), each form of practice appeared to have different benefits for individuals. *Hatha* yoga was viewed as the preferred form of practice for self-care. Participants reported the following: the practice of yoga provided more awareness of the body through learning about its capacities, limits, cycles, changes and how to use this information; increased flexibility and energy with a sense of looseness and freedom from the release of difficult postures; emotional experiences equated to energy that was able to flow more freely; increased mental clarity and concentration that was described as an “amazing high yield investment” (Schure et al., 2008, p. 51). The current study also revealed that each individual benefitted differently from the each modality.

In the MBSR programme, meditation experiences provided shifts from struggling with inner issues to acceptance of them. Participants reported that the meditation experience provided them with space to deal with difficult emotions in the following ways: it cleared and ordered the mind and it enabled thoughts and related feelings to be viewed more objectively during meditation. Participants also reported that meditation practice provided insights about self. It slowed the thoughts and allowed for these thoughts to be noticed and the emotional content to

be released. It had a calming and relaxing effect in the evening. It was reported that greater patience and resilience to physical pain and discomfort was developed. For most participants, meditation served as a tool for dealing with powerful emotions and, for some, this led to self-acceptance and insights about themselves as well as increased awareness of their own capacity for pain (Schure et al., 2008). What would self-acceptance in people with psoriasis mean and how would this impact the different domains of their lives?

Overall, the Schure et al. (2008) study revealed the following benefits: at a physical level students found that yoga promoted strength, flexibility and balance and an ability to trust the body. One individual reported slight weight loss and improved balance in a leg which had nerve damage. Another reported not suffering from the cold as usually encountered, suggesting an improved immune system. Several reported developing an increased bodily awareness and its connectedness with the mind, which made recognition of ailments early in the onset. At the emotional level, participants reported that they developed an increased ability to deal with strong and threatening emotions. They were able to make peace with things through processing and reflection. By fully experiencing an emotion, they found they were able to release the feelings, thereby making space for positive feelings, trust and peace. At an interpersonal level, they found they were learning to take responsibility for their own feelings without taking them personally. They described their increased capacity for empathy (mentioned frequently) and compassion.

At a mental level the following changes in attitude were disclosed: being more open to alternative ways of living and thinking, greater ability to observe and process, acceptance was the common term used to describe change in thoughts and attitude and an increased ability to make meaningful reflections.

At a spiritual level, the students found that the course provided purpose and direction. It enhanced their ability to reflect on and evaluate their own beliefs and values in the following ways: it strengthened connection with a higher force; it evaluated their own beliefs and values and they were more grounded and trusting in their own perceptions.

The authors recommend that the identified themes could be more fully investigated through quantitative research approaches. Secondly, a more in-depth understanding of participant's perceived results may be obtained through in-depth interviewing of individuals (Schure et al., 2008).

2.8.3 *Pranayama*/breath-based meditation

Edwards' (2006; 2009; 2013a) and Edwards et al. (2011) work traces the role of the breath in various healing practices across cultures and time. These studies provide exemplars of how breath awareness can be used as part of daily activity for improvement in quality of life, energy control, spirituality and health perceptions (Edwards, 2009; 2013a; Edwards et al., 2013). As previously discussed, the comprehensive healing benefits of the breath have been validated through empirical evidence emerging from the field of cognitive biology which underscores the role of the breath in balancing heart rate variance (HRV). HRV has been found to play a fundamental role in overall health, in extending mortality and improving quality of life (Hartman & Zimberoff, 2006; McCraty et al., 2006).

In investigating the experiences of breath meditation in psychotherapists and how they used breathe in their psychotherapeutic and sport psychological practices, Edwards et al. (2013, p. 406) found that all the breath meditation descriptions revealed explicitly or implicitly various patterns of breathing and related consciousness transformations.

The sample in the study of Edwards et al. (2013) comprised a convenience and volunteer sample of 4 male and 4 female psychotherapists with a mean age of 45 years. All participants were able to communicate in English and came from either Christian or Hindu religious backgrounds. The current study however used participants of only Hindu background. Similar to the current study, the participants were selected for their relationship with the researcher, their commitment to participate and their willingness to explore and articulate their experiences, which provided suitable qualitative characteristics for research purposes.

The baseline neurophysiologic measures were obtained while participants were requested to sit still in a steady posture, with their eyes closed for two minutes. For the meditation condition the participants were instructed to meditate on the breath for twenty minutes. Participants were required to describe their meditation experience at the end of this session. The neurophysiologic measures were obtained using the Infiniti Thought Technology biofeedback apparatus which provides feedback on the following neurophysiologic markers: blood volume pulse as measured in mean number of beats per minute (BVP), muscle tension or relaxation as measured on the electromyography (EMG), respiration measured in mean number of breaths per minute and electroencephalographic (EEG) activity in terms of percentage of different brain wave activity: delta, theta, alpha, sensory-motor, beta and gamma measured in hertz.

Participant's written descriptions formed the basis for a heuristic phenomenological analysis obtained through shared, inter-subjective interpretations of the breath-meditation experience. Participant's descriptions of the breath-based meditation made reference to relaxation, letting go into improved calmness, stillness and peace with deepening of consciousness that merges with the breath energetic transformations, dream states, universal and shared consciousness and transcendence into realms of light and bliss. Other states of consciousness reflected awareness of the natural and physical world, bodily sensations, feelings, mind, spirituality and therapeutic working through of negative feelings and/or events (Edwards et al., 2013, p. 415). The psychotherapeutic and sport psychological findings indicated that breath work facilitates the following healing ingredients: mindfulness, arousal control, centering, relaxation, imagery, energy, intent, will, belief and practice. As a mind-body education, it provides shared experience between therapist and client which enhances the therapeutic alliance, harmony, flow and healing. Breath consciousness, control and mindfulness exercises facilitated containment, insight and resolution to emotional states and mental issues during and after therapy. What influence does breath consciousness have on emotional states and mental issues in a group of psoriasis sufferers and how does it translate to other domains of life during and after practice sessions?

A group profile on the psychometric and neurophysiologic findings was obtained through a statistical analysis using the Wilcoxon signed-ranks test. The findings indicated significant increases in alpha activity with clear increasing trends in theta and beta activity. There were corresponding significant decreases in delta activity with clear decreasing trends in respiration (Edwards et al., 2013, p. 408). This study therefore concluded that physiological decreases in breath rate and lower frequency delta bands accompanied by increasing trends towards higher frequency range of the electro-encephalographic spectrum, peaking in alpha and SMR bands is associated with an aroused and alert state of waking consciousness (Edwards et al., 2013, p. 408). The present study however, used only measures of heart rhythm coherence as an indicator of breathing patterns and rhythms as it relates to consciousness transformations in a group of psoriasis sufferers.

Although the researcher calls for caution in viewing the quantitative findings alone, due to the small sample size and use of a single breath-meditation session, the integrity of this study is based on the strategies of an AQAL model that includes researcher reflexivity and an exploration of all quadrants, viz., interior, exterior, individual and collective. It utilised subjective, inter-subjective, objective and inter-objective perspectives that formed the basis for integrated findings obtained through a qualitative and quantitative data analysis. Inter-subjective, collective findings were based on an audit of participants' individual, collective and reflexive heuristic productions by participants. Hence this study provided triangulation of investigators, methods and data and when integrated the findings mutually support and validate each other. In order to establish an association between breathing patterns and related consciousness transformations, the current study similarly utilised triangulation of research methods, data and participants' understanding of energy healing and psoriasis.

2.9 Energy healing roots in a perennial philosophy

Both Vedanta and a holographic paradigm of reality emerge from a perennial philosophy which describes the universe as an interrelated whole, interconnected by an intelligent organising principle (von Horsten, 2004; Wilber, 2000). Perennial philosophy is based on the assumption that reality is composed of layers and continuous dimensions ranging from body

to mind to soul to spirit with consciousness as a form of energy that permeates and supports, developmentally and holarchically, all higher levels of consciousness (von Horsten, 2004; Wilber, 2000). Modern biology supports the holographic nature of consciousness through the interconnectedness of mind, body and spirit as reflected through heart-brain entrainment with positive emotions and in biochemical responses to meditation (McCraty et al., 2006; Pert & Marriot, 2008). This points to the following philosophical truths that a perennial philosophy espouses about the human condition, namely: the existence of spirit generally and inner spirituality in particular. Most human beings don't realise the presence of spirit within as awareness remains focused on the ego-self (von Horsten, 2004; Wilber, 2000). When perceptions are limited to the rational mind and the five senses, the illusion as reality created at this level, becomes the truth. Vedanta refers to this illusion as *maya*.

Living in this illusory state, the individual loses awareness of their essential self. The separate self creates a world based on duality where lived experiences create subject and object, the result being isolation, alienation and anxiety which become projected onto a seemingly external and hostile world (Wilber, 1996a; von Horsten, 2004). Perennial psychology views all manifestations in nature: matter, thoughts or ideas and emotions as expressions of universal energy in its different forms (Edwards et al., 2011; Wilber, 2000; Graham, 1990). Studies from the field of psycho-dermatology highlight the lived experiences of psoriasis sufferers as one of isolation, characterised by desperation and hopelessness (Watson & de Bruin, 2007). Watson's (2007) phenomenological study points to the need for self- acceptance in psoriasis sufferers.

Perennial philosophy is based on the assumption that this state of separation can be changed since spirit itself is imminent and transcendent in all levels of existence. It rests on the understanding that through self-discovery of one's true nature *tat twam asi* ("I am that") of interconnectedness and oneness with spirit, the process of evolution begins in creation and movement from the pre-personal level all the way to the transpersonal realm (Parthasarathy, 1999, p. 330). Self-discovery includes all phenomenon of life: breathing, sensing, imagining, gesturing, moving, talking and dancing as reflected in indigenous forms of healing (Edwards, et al., 2011; Edwards, 2013b). von Horsten (2004) and Wilber (2000) point out that

liberation from the ego-self is characterised by acceptance of self through demonstration of mercy and compassion towards both self and all sentient beings as displayed in various forms of social action.

While the process of healing begins with remembering one's true self, the essence of the highest states of consciousness is reflected in the Vedic principle of *advaita* or non-duality. Based on this principle reality is neither one nor many, neither permanent nor dynamic, neither separate nor unified, neither pluralistic nor holistic (Wilberg, n/d). It is unquantifiable and therefore includes paradoxical statements, viz., reality is one, but equally true that it is many, and it is both transcendent and immanent (Wilber 1996b).

“The world is illusory

Brahman alone is real

Brahman is the world”

Shankara in Wilber, 2000, p. 155

2.10. Conclusion

This chapter examined the effects of energy healing as a process of making conscious the unconscious aspects of being while accessing higher states of consciousness through all levels of being and knowing which include interior, exterior, individual and collective domains. It located this process within the full spectrum model of energy healing as supported by the philosophy and practices in Vedanta and a holographic paradigm of reality. It examined the development of the ontological self in relation to the AQAL model. The next chapter examines ways in which energy healing can be researched in order to obtain the most comprehensive understanding of the phenomena of energy healing.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines a research methodology that explores and accommodates multiple ways of knowing in order to arrive at the most comprehensive understanding of energy healing as experienced by a group of psoriasis sufferers. In describing the method the chapter provides an outline of the strategies and techniques adopted to evaluate the energy healing programme as a phenomenon experienced through multiple domains and levels of consciousness (Edwards, 2001; 2013a; 2013b; Edwards et al., 2013; Groenewald, 2004; Terre Blanche et al, 2008; Wilber, 2000; 1996b).

3.2 Aim of the study

The aim of the study was to evaluate energy healing in a group of psoriasis sufferers after completing a programme in energy healing.

The study was intended to serve the following purpose:

- To inform the development of meaningful and relevant empowerment programmes for this population.
- To promote the use of an integral approach, that includes all energy levels to optimise health care.
- To develop and promote affordable and communal aspects of healing.

3.3 Theoretical framework for research

Any research undertaken requires a philosophical and theoretical underpinning. The discussion below seeks to clarify the use of a research method that accommodates a comprehensive understanding of energy healing as it relates to people living with psoriasis.

3.3.1. Methodological approach

This thesis adopts an integrated methodological framework that uses mainly phenomenological, constructionist and positivist paradigms. The rationale for such an approach is presented in detail below.

Those states and levels of consciousness expressed through the causal energy body are best known and understood through direct experience (Aurobindo, 2004; Chopra & Simon, 2004; Wilber, 2006b). Phenomenological methods of study make it possible to investigate direct experiences of energy healing in objective ways. The research approach used further integrates multiple paradigms of being and knowing: subjective, objective, individual and collective. Such a research methodology is founded on the ontological and epistemological principals of Vedanta and Ken Wilber's AQAL model in which different levels of consciousness are supported by their relative level of reality and supporting energy structures. With an integrated view of reality it becomes possible to investigate the multi-dimensional nature of energy healing; to evaluate the effectiveness of energy healing; and hence to inform the research methodology (Schlitz et al., 2005; Parthasarathy, 1999; Wilber, 1996b).

A thorough literature review revealed only a single study that examined the influence of mindfulness meditation, a form of energy healing, on psoriasis sufferers. As a clinical study it utilised a positivist paradigm which captured changes at the physical level of the skin (Kabat-Zinn et al., 1998). If energy healing is to be fully investigated in a group of psoriasis sufferers, it needs to be understood from all domains of being and all states and levels of consciousness that include functional changes at the subtle and causal energy levels. This can best be known through the lived experiences of those directly involved with the

phenomenon of energy healing and with psoriasis (Edwards, 2009; Sherwood & Edwards 2009; Watson, 2006).

3.3.1.1 Phenomenological methods of study

The higher levels and states in consciousness associated with harmony and wholeness are expressed through the causal energy body and are best known and understood through the participant's direct experience (Chopra & Simon, 2004; Wilber, 2006a). Several studies have reported on improvement in health through the practice of meditation, specific breathing patterns and the practice of yoga (Abel et al., 2013; Brown & Gerbarg, 2005; McCraty et al., 2006). One of the primary purposes of using a phenomenological approach was to obtain in-depth information of participants' lived experiences of a programme that involved meditation, *pranayama* and yoga. In qualitative research, conclusions are deduced from the descriptions obtained directly from participants (Terre Blanche, Durheim & Painter, 2008). In using phenomenology as a qualitative research technique, the phenomenon of energy healing is identified as an object of human experience that can be studied in a natural setting (Creswell, 1998; Terre Blanche et al., 2008). As a method of study, phenomenology provides procedures for studying subjective experiences in objective ways, thus ensuring credibility and trustworthiness of this investigation (Terre Blanche et al., 2008).

As the current study was an evaluative study based on participatory action research, a phenomenological approach afforded participant-observers the opportunity to be intentionally involved with energy healing until individuals grasped the essence of the phenomena (Edwards, 2001; Terre Blanche et al., 2008). In addition, this approach enabled the researcher to extract the most comprehensive understanding of energy healing as experienced by psoriasis sufferers.

Secondly, it provided a foundation from which multiple world-views and realities could be recognised (Edwards, 2001). Vedanta philosophy is based on an understanding of a multi-dimensional world that is known and experienced through different levels of consciousness each with its own reality and understanding of truth, which has direct bearing on illness and

health (Chopra, 2003, 2009; Parathasarathy, 1999; Sherwood & Edwards, 2009). Sherwood & Edwards (2009) study describes the experiences of *johrei* healers as they entered altered states of consciousness to access universal energy. This study utilised a phenomenological methodology to obtain in-depth insight into the energy healers' experiences as they engaged in the practice of *Johrei* healing. In this experience, healers perceived themselves as a channel for accessing universal energy and reported experiencing a bodily re-energising and renewed sense of personal well-being (Sherwood & Edwards, 2009).

In addition, phenomenology as a method of study investigates the interventionist aspects of inter-subjective experience as individuals influence each other to live from a different reality (Edwards, 2001; Epstein et al., 2009; Schure et al., 2008; Sherwood & Edwards, 2009). The qualitative study of Schure et al. (2008), which examined the influence of teaching mindfulness to a group of 33 participants over a 15 week period, described positive changes at all levels of consciousness: physical, mental and spiritual including the interpersonal aspects.

Phenomenology concerns itself with the unique meanings that things take on as they appear to the individual (Edwards, 2001; Terre Blanche et al., 2008). In an attempt to understand how psoriasis sufferers experience psoriasis, Tracy Watson's study (2006) explored the meaning-making process in women living with psoriasis. This existential-phenomenological study revealed that women's social fears and negative evaluations of self emanated from their feelings of body shame and self-alienation. Watson (2006) illustrates how interpretations that people give to their experiences of living with psoriasis influence the way they interpret their world and in turn become interpreted by the social world. The meanings that individuals assign to their experiences become part of their experienced reality. Lipton's work on a new biology and epigenetics demonstrates the physiological pathways created through positive changes in beliefs about one-self and the environment as the brain triggers healthier immune system responses to genetically inherited diseases (Lipton, 2010). The current study therefore engages in studying the unique individual interpretations and meanings that psoriasis sufferers assign to their experiences as awareness and intentions to heal are created from new levels of understanding of self and of reality. The study investigates the extent to

which these new messages and meanings (as newly experienced reality), lead to corresponding bodily changes.

3.3.1.2 An integrated methodological approach

Wilber advocates for the use of an integrated research approach (Wilber, 1996a; 1996b; 2006b). Wilber (1996b) asserts that an integrated paradigm cannot rest on a theory or a world view since a theory, by its very nature as a generalisation, is based on assumptions. Assumptions ignore the uniqueness of context and restrict capacity to capture the “experiencer’s” (Chopra & Simon, 2004, p. 29) disclosures from different domains and levels of being.

Traditionally, Eastern and African psychology, among other indigenous healing systems have included higher states of consciousness as part of normal human development within a dynamic energetic system and prescribe direct experience as a mode of accessing and knowing these states (Edwards et al., 2011; Wilber, 1996a).

This understanding is supported by modern scientific investigation which utilises the following three steps: an instrumental injunction, an apprehensive illumination followed by a communal confirmation, which in simple language, consists of a “do, discover, decide” sequence. These steps may also be viewed as three deep integral scientific strands (Edwards et al., 2013; Schlitz et al., 2005; Wilber, 2000; 2006b). In this study, the enquiry into energy healing follows a similar sequence of strands or steps. The injunction step consists of the conscious actual practice of energy healing in its various forms (by a group of psoriasis sufferers). This leads to the second strand of knowing: an apprehension or direct discovery, through sensory, mental and or spiritual experiences of the practice. In the third strand of knowing, the experience of the phenomena is confirmed or rejected by the group who have followed the process of accessing energy healing. Hence the group is knowledgeable in their understanding of the phenomena (Schlitz et al., 2005; Wilber, 2006b).

Any integrated methodological form of inquiry requires a set of injunctions or practices, that reveal it-self as a phenomenon as in pre-reflected, direct experience. For any injunction or practice to be valid, believable and legitimate, the paradigm utilised should be based on an expansive and inclusive methodology that generates experiences from all three realms of knowing and includes external observations and introspective approaches (Schlitz et al., 2005; Wilber, 2006b). Therefore this research methodology combined a positivist, interpretive and constructionist paradigm. Such an approach made it possible to investigate the effects of energy healing on psoriasis sufferers from individual, collective, interior and exterior perspectives while “simultracking” the phenomena in all domains of being using the appropriate methodologies (Wilber 2006b, p. 12).

3.4 Three ways of knowing

The eye of the flesh

The eye of the mind

The eye of the spirit

(St Bonaventure in Wilber, 1996b, p. 3)

In any empirical study, research is conducted by one subject on another as the object, where conclusions are drawn from sensory experiences. Hence in such a mode of investigation, subjects exist as objects that are sensed through the physical “eye of the flesh” (St Bonaventure, in Wilber, 1996b: 3). This mode of knowing correlates with a positivist research paradigm. Here, the external and observable such as bodily functioning or skin appearance would be considered the only valid data in evaluating effectiveness of energy healing.

However, any form of inquiry that draws its data from images, symbols and words is perceived through the “eye of the mind” (St Bonaventure, in Wilber, 1996b, p. 3). Through “the eye of the mind”, experiences, intentions and meanings are perceived and interpreted for

common understanding and shared meaning. In this mode of inquiry, research acknowledges that it is performed by a subject or group of subjects with other subjects. As a mode of inquiry it reveals the subjective nature of all research and it correlates with the interpretative and constructive paradigms that focus on the subjective and inter-subjective experiences on which truth and reality is created. A phenomenological inquiry examines, explores and describes direct apprehension and /or experiences, as well as how such experiences are interrelated, that is their collective inter-subjective and inter-objective, discursive and narrative, structure and form (Edwards, 2001; Wilber, 1996b).

Higher states of consciousness, associated with spirituality, peace and harmony are perceived through contemplation, a direct mode of knowing that lies beyond physical vision and logical intellect. St Bonaventure (in Wilber, 1996, p. 3) refers to this knowledge as knowledge obtained through “the eye of the spirit”. This realm can best be researched through an interpretive paradigm using phenomenological research techniques (Schlitz, et al., 2005; Wilber, 1996b). Transcendental inquiry arises out of a non-dual awareness which Wilber (2000, p. 188) describes as the “integral embrace”. Any inquiry at this level requires transformations in consciousness from the personal to the post-personal. This involves the collapse of all quadrants (interiors with exteriors and individual with collective) where subject and object cease to exist (Wilber, 1996b). Wilber (2000, p. 188) refers to experiences from this level of consciousness as “one taste”. Similarly, a constructionist research paradigm analyses participants’ discourse which reveals the reality from which participants live. In this way a constructionist paradigm provides communal confirmation of experiences of this realm.

Ken Wilber’s AQAL model accommodates a research design in which the vertical and horizontal structures of embodied awareness can be researched from different dimensions of being-in-the-world (Wilber, 2000). For the purpose of this investigation, the study utilised all three paradigms. Although each paradigm has its own limitations, each one provides its own unique perspective on energy healing. Together they provide the most inclusive understanding of reality, as each paradigm provides a piece of the puzzle towards an

understanding about energy healing based on the experiences of a group of psoriasis sufferers.

Discussed below are the three major research paradigms used in psychology and ways in which they correlate in respect of their modes of knowing, their understanding of reality and their truth claims.

3.4.1 Positivist paradigm

As an objective science, positivist approaches rely on objective sensory data. In this paradigm the researcher adopts an objective, outsider perspective that focuses on the physical and behavioural dimensions of the individual, which are considered real and crucial to healing at the gross material level.

Reality (the observed world) is considered to be stable, unchanging and external to the observer (Terre Blanche et al., 2008). It attempts to make universal truth claims in the following ways: it places emphasis on epistemology; it adopts a structured protocol and controls variables. It reduces complex data obtained through observation and measurement, to statistical analysis and numerical representations. It presents measurement related to breath rate, heart rhythm coherence and brain wave states (exteriors of the UR quadrant) which have correlational states and levels in consciousness (interiors of the UL quadrant). Screening tools such as the DLQI (Dermatology life quality index) provide interior perspectives of the exterior (UR quadrant).

However, the positive paradigm ignores the subjective factors that may have bearing on healing (Schlitz et al., 2005, p. xvii). In a quest for objective reporting, a positivist paradigm provides an “it” perspective by focusing on the third person dimension of being-in-the world. The object is described in “I – it” relationships, in which the world and experiences are viewed as separate from the observer and the observed world. The knowledge obtained does not acknowledge the observer who has recognised and perceived the object. Nor does it give consideration to the observer’s role in influencing the outcome (Schlitz et al., 2005; Terre

Blanche et al., 2008). It neglects to include the research participants' descriptions, explications and creation of new experiences, behaviours and meanings in an ever changing context (Edwards, 2001). It does not recognise the uniqueness of all individuals nor their interconnectedness. It fails to acknowledge the values, meanings and purpose of "being-in-the world" (Schlitz et al., 2005). It ignores the cultural context of both participant and observer.

3.4.2 Interpretive paradigm

An interpretive paradigm is interested in the internal reality of individuals as it aims to offer explanations of subjective meanings and messages individuals attach to their lived experiences. It analyses data obtained through interviews, participant observations and journaling that provide thorough descriptions of characteristics, processes, transactions and context of the phenomena. It uses reflexivity to acknowledge and describe the researcher's role in constructing the descriptions (Terre Blanche et al., 2008, p. 506).

This paradigm rests on an understanding of reality that is created through the individual's unique and subjective experience of the external world (Terre Blanche et al., 2008, p. 7). In order to understand and heal diseases from all levels of consciousness and all domains of being, we need to acknowledge that the subjective factors that pervade our humanness are contained in the unique stories that pervade illness and our health. Without depth psychology's focus on the psychodynamic unconscious aspects of being, it would not be possible to release fixations, free repression and heal disassociations that free consciousness to evolve and integrate with the higher levels of being (Wilber, 1996a; 2000). These stories have hidden messages and meanings that require interpretation.

An interpretive paradigm offers an "I" perspective by examining the interiors through contemplative mindfulness, witnessing, self-inquiry and meditation. It is based on the assumption that reality consists of subjective experiences of the external world and takes into account the subjective experiences of both the observer and the observed, as well as the healer and the healee, in the healing process (Terre Blanche et al., 2008; Schlitz et al., 2005,

p. xxxi). Hence truth is based on one's level of awareness as it relates to the different levels of consciousness (UR quadrant) associated with the gross, subtle and causal energy structures (UL quadrant). This study presented a first person perspective of energy healing based on the descriptions obtained from psoriasis sufferers.

3.4.3 Constructionist paradigm

In this paradigm, knowledge is acquired through inter-subjective perspectives. It provides knowledge from a "we" perspective. Hence this paradigm examines the cultural context of experiences, meanings, feelings and language by analysing social discourses. Texts are examined for their effects, rather than for their truth. Both the cultural and immediate contexts are analysed (Terre Blanche et al., 2008).

According to this paradigm, reality is socially constructed. Reality is viewed as a product of social discourse. It rests on the understanding that objects become "framed" when constructed in text (Terre Blanche et al, 2008, p. 329). As inter-subjective beings, humans cannot be understood as separate, independent entities or develop an outsider perspective in isolation. Through discourse analysis, the lower left quadrant reveals how the history and culture become woven into the fabric of one's physical being (Levin, 2005, p. 102; Lipton 2010). Energetically all entities, are interconnected at a cosmic level, and evolve towards wholeness therefore any object of study needs to be understood subjectively and inter-subjectively (Schlitz et al., 2005; Wilber, 2006b). Dermatological studies reveal how a disturbance at one level of being affects all other levels and domains, viz., private, social and spiritual in psoriasis sufferers (Watson & De Bruin, 2006) in the lower right quadrant. Thus, the following general research questions emerge: how would the experience of energy healing impact the other domains and levels of consciousness?

What mechanisms can we employ then to reach a harmonised perspective of energy healing? What may be apprehended as real to one person may be an illusion to the other. The literature advocates for credibility of introspective experiences through communal confirmation (Edwards, 2001; Schlitz et al., 2005; Terre Blanche et al., 2008; Wilber, 2006b).

3.4.4 Multiple perspectives

Wilber (2006b) refers to an integrated research approach as “epistemic wisdom” since such research is characterised by an attitude of openness to discovery; the ability to process multiple perspectives in the investigation process and a capacity to deal with uncertainty, ambiguity and unpredictability in communication of concepts and models.

Transcendental inquiry arises from an awareness of a reality of “oneness” and “infiniteness” developed through the cultivation of empathy, compassion and a deep and subtle awareness of thought itself with the ability to navigate emotionally and socially challenging situations (Aurobindo, 2004; Wilber, 1996b). Vedanta asserts that healing is about “oneness” as consciousness transforms from matter, to mind to soul to spirit (Aurobindo, 2004; Parathasarathy, 1999). Hence, in the current study a collaborative, action oriented inquiry was used that remained committed to maintaining an integral perspective.

- **Considerations in using multiple perspectives**

Wilber (2006b) identifies the following as challenges to be mindful of when utilising multiple perspectives. Participants as co-researchers will be dealing with many pieces of information. Some may be ignored, and critical perspectives may be excluded. Individuals might not be able to assimilate a new level of awareness because they have not yet developed to that level. Incompatible ideas and ambiguity may not be adequately processed. Ego attachment results in unassimilated or accommodated ideas being rejected (Wilber, 2006b).

This approach is supported by C.D. Broad’s quest (cited in Schlitz et al., 2005, p. xxxix) for a non-exclusive science in which he advocates for two intellectual activities, viz., “synopsis” and “synthesis”. A synopsis involves the deliberate viewing together of all aspects of human experience to find out how these various aspects are interrelated and synthesis refers to the application of a coherent set of concepts and principles that bring together disparate realms of experience. This requires a deliberate attempt to view physiological, emotional, cognitive, social, ecological and spiritual processes with a need to establish the common underlying

phenomena and related energetic principles such as awareness, attention and intention (Chopra, 2004; Schlitz et al., 2005).

3.5 Research design

In investigating the effectiveness of energy healing in a group of psoriasis sufferers, the study adopted an essentially qualitative design with quantitative components. The qualitative research methodology involved a phenomenological analysis of natural meaning units of both individual and collective descriptions. The quantitative research methodology involved a within group, pre- and post-test design and appropriate non-parametric statistics for psychometric and neurophysiologic data recorded. The psychometric data consisted of a dermatology quality of life index. The neurophysiologic data recorded consisted of average heart rhythm coherence (HRC) measures obtained through coherence meters.

The method was guided by the following questions as key modes of knowing within each domain: what does it mean? What does it do? What are the cultural and linguistic meanings and practices of it and what real functions does it serve in the social system (Wilber, 1996a, p. 107).

<p>What does it (energy healing) feel like (UL)?</p> <p>The truthfulness of interior experiences as phenomena</p>	<p>What does it (energy healing) do? (UR)</p> <p>Observed behaviours as objective truth</p>
<p>What are its cultural and linguistic meanings and practices (LL)?</p> <p>Justness through collective confirmation</p>	<p>What real functions does it serve in the social system(LR)?</p> <p>Collaborative initiatives and structures.</p>

Table 3: Different ways of investigating energy healing.

Source: Wilber, 1996a, p. 107.

In investigating what energy healing of psoriasis means to sufferers, hermeneutics or interpretative and descriptive phenomenological research techniques were used (upper left quadrant). In order to understand what it does, observed behaviour was objectively analysed (upper right quadrant) and quantitative data was obtained from the Dermatology life quality index. The Dermatology life quality index provides self-perceptions of functioning in all domains of life (Finlay & Khan 1992; Joseph, 2010). However, as a questionnaire, it relies on pre-selected measures and scales (Finlay & Khan 1992). HRC as a psychophysiological measure provides the most objective measure of the physical domain.

For an understanding of the cultural and linguistic meanings and practices (lower left quadrant) related to psoriasis energy healing, the participants as a group adopted the position of fellow researchers by recording and sharing their lived experiences of the programme. Mutual understanding was reached through hermeneutic interpretations of participants' descriptions and communal confirmation, referred to by Wilber (1996a: 107) as the "inter-subjective circle of realisation". The lower right quadrant investigated energy healing systems and structures that served as autopoietic self-maintenance of this system.

3.5.1 Sample

The sample comprised three adult psoriasis sufferers from the greater Durban area and the programme was attended over a five week period at a community centre in Chatsworth. One was male and the other two female. The ages ranged from 23 years to 60 years. The programme initially targeted a minimum of five participants but two dropped out. However, complete sets of data have been captured for three participants.

- **Criteria for selecting participants**

The sample was obtained through purposive and snowballing sampling techniques (Groenewald, 2006). Since the primary aim of the study was to describe and interpret phenomena rather than predict and measure an outcome, the selection criteria for group participants included individuals who were familiar with the researcher and who could form a therapeutic relationship (Terre Blanche et al., 2008). Group members had to have in-depth

personal experience of the phenomenology of psoriasis. They required insight into the experience and had to be able to articulate the experience. Members who were committed to the programme and wanted to make it work for themselves and for the others were included in the programme (Edwards, 2001; Terre Blanche et al., 2008). Participants were required to sign informed consent and a research contract in order to participate in the programme.

- **Process of obtaining participants**

The researcher interviewed interested participants who were either known or referred by word of mouth. Many interested prospective participants could not commit for the following reasons: time constraints related to family demands, religious beliefs, unpredictable work schedules and difficulties related to self-reflection as some understood energy healing as purely an external intervention without self-responsibility.

Dermatologists and general practitioners were used to assist in identifying and referring suitable candidates. For those participants who were unfamiliar with the researcher, rapport was first established at the initial interview where expectations and programme requirements were clarified. Participants who had indicators of depression were excluded and referred to individual counselling before their involvement in the programme (Brown & Gerbarg, 2005). Although the programme was initially intended for females, males were invited to participate. Obtaining commitment from married females was a challenge as their family responsibility took priority over attendance of the five week programme.

3.5.2 Method

3.5.2.1 Programme evaluation

The research method involved the evaluation of an energy healing programme by a group of psoriasis sufferers. The programme itself involved empowerment through participation in a mutual aid group. The programme, based on praxis, involved the practice of various energy healing techniques adopted through individual needs and choices. As a self help programme it was intended to serve as a tool for self-discovery, initially at the level of self-improvement, followed by awareness of one's true self as source of peace and bliss (Chopra, 1999; 2004;

Brown & Gerbarg, 2005; McCraty et al, 2006; Om, 1981). As a phenomenological study the research question served as an intervention in raising consciousness (Edwards, 2001).

The goal of the programme was to develop and apply an understanding of energy healing that in-cooperated the full spectrum of consciousness ranging from body, to mind to soul to spirit and to develop skills in the use of various energy healing tools for use even outside of the programme. The chakra system as a model for healing served as a basis for programme development. Techniques in breathing, yoga *asanas*, meditation and guided visualisation were developed on this understanding. *Ayurvedic* principles in healing that included the *doshas* or energetic blue print served to raise consciousness in respect of cultural and environmental issues. Unlike an intervention which involves entering into someone else's world to create change that is immediate, the programme was to serve as an intentional and on-going process adopted by a group of individuals to gain mastery over their own lives (Edwards, 2001).

The duration for each session was 90 minutes long. Sixty minutes were used for an experiential activity. Fifteen minutes were used for discussion at the beginning of each session and fifteen minutes at the end of each session were used for journaling. Participants were instructed to "write down your experience of energy healing?" During the duration of the five weeks the following five topics were covered: chakra meditation, guided visualisation, body scan, heart breath and a walking meditation. The meditation on the chakras was based on Dianne Zimmeroff's compact disc (CD) which focused on the HPA axis (its glands and hormonal system, the nervous system and the immune system) and its connection with the mental and spiritual aspects of being (Hartman & Zimmeroff, 2006; Tausk et al., 2008). The guided visualisation followed the following steps: breathing in healing energy and breathing out what was not needed and did not serve a purpose in one's life. A resource state was created (Halprin & Samuels, 2005, p. 140). The body scan exercise involved visualisation to identify and release energy blockages (Mindfulness – psychology tools, n.d.). The heart breath consists of an inhalation and exhalation, each for five second duration. This technique is based on the Healing Rhythms programme and was

practiced to increase heart rhythm coherence (The Wild Divine Project, 2006; McCraty et al., 2006). The walking meditation was practiced as a mindfulness technique.

The steps in the programme evaluation included identification of issues, discussion and negotiation between researcher and participants regarding roles and responsibilities, programme implementation, data collection and feedback. Programme evaluation methods tracked changes in all domains of being using objective, subjective and inter-subjective perspectives (Terre Blanche et al., 2008).

3.5.2.2 Participatory action research

Participatory action approach was adopted to facilitate group cohesion and connection as it allowed for the sharing and accommodation of different perspectives and expectations of energy healing. This approach also facilitated the development of reflexivity of both the researcher and participants. Edwards (2001) points to the transformational nature of reflection and illustrates how evaluative feedback in research constitutes a form of intervention.

- **The role of reflexivity**

Since the programme aimed to experientially develop awareness in participants, participants adopted the role of participant observers as they reflected on their experiences at the end of each session. This facilitated the process of praxis and the development of self-evaluation skills afforded through the group context. Edwards (2001) points to interventionist aspects of experience sharing as participants re-experience the reflected aspects of experiences.

The researcher, as participant, had knowledge and understanding of the issues facing other psoriasis sufferers, which provided insights and special understanding required to develop and accommodate the implementation and evaluation of the programme. As participant researcher, the researcher's first-hand experience with psoriasis and four year experience in practicing yoga and meditation for five hours per week provided for insights, awareness and enhanced objective witnessing capacity (Schure et al., 2008; Shapiro et al., 2006). Researcher self-reflection included attempts to remain vigilant and open-minded so as to

allow participants' realities to reveal themselves in non-manipulated and unobtrusive ways (Edwards, 2013a; Terre Blanche et al., 2008). This process was further facilitated through the researcher field notes which included observation notes based on what happened in the session, theoretical notes that reflected on the experiences, methodological notes that reflected on the process and analytical notes that reviewed progress (Groenewald, 2004).

3.5.2.3 Data collection methods

- **Quantitative research methods**

Dermatology life quality index (DLQI)

The Dermatology Life Quality Index (Finlay & Khan, 1992) was used as a pre- and post-test to measure changes in the overall levels of functioning of the participants. Participants completed the DLQI prior to commencement and at the end of the programme. The DLQI tracked changes in the following domains: symptoms and feelings, daily activities, leisure, work and school, personal relationship and treatment. As a questionnaire it comprises 10 questions with the following optional responses: "very much" scored 3, "a lot" scored 2, "a little" scored 1, "not at all" scored 0, "not relevant" scored 0. Unanswered questions scored 0. Questions 7: "prevented work or studying" scored 3 (Finlay & Khan, 1992).

Heart rhythm coherence (Apparatus – Wild Divine IOM)

Apparatus: *Healing Rhythms* is part of *The Journey to the Wild Divine* interactive computer programme (The Wild Divine Project, 2006). *Healing Rhythms* was used as a form of guided meditation and relaxation. The programme includes the IOM biofeedback hardware and finger sensors to measure heart rhythm coherence. Pre- and post-test measures were obtained through a five minute recorded session of the heart breath experience prior to the commencement and at the end of the five week programme.

- **Qualitative research methods**

The basic purpose of using a phenomenological research technique was to reduce the individual and group experiences of the phenomenon of energy healing to its universal essence for the following reasons: to develop an in-depth understanding about the features of energy healing, to understand better what it is like for someone living with psoriasis to experience energy healing and to objectively understand the inter-subjective experiences of energy healing in order to develop practice and/or influence policy (Creswell, 1998).

Hence, the practice of phenomenological research involved the use of three distinguishable methods: describing the lived experience, which was the focus in phenomenological study methods for Husserl and Merleau-Ponty; hermeneutic interpretations including examining the features of the context as used by Heidegger and analysing the form or type of experience (Smith, 2008).

The following methods have been used to gather participants' descriptions of their experience. Participants' written and oral self-reports included researcher observation reports. Participants were requested to write down their experience at the end of each session, without directing or suggesting their description in any way. Participants were encouraged to give a full description of their experience, including their thoughts, feelings, images, sensations, memories along with a description of the situation in which the experience occurred. These descriptions formed the basis for inter-subjective descriptions and interpretations of experiences. Research observation notes were kept for each session.

3.5.2.4 Data analysis

Based on Wilber's AQAL model, an integrated perspective on energy healing was obtained by analysing and synthesising data derived from both phenomenological research methodology and positivist research methodologies that provided both subjective and objective perspectives and included individual and collective confirmation (Wilber, 1996b; 2000). Studies by Edwards (2013a; 2013b) and Edwards et al. (2013) that utilised the AQAL

approach to different ways of knowing and being provided exemplars for data analysis based on integral methodological pluralism.

- **Quantitative research techniques**

DLQI

The Mann Whitney Wilcoxon U Test was to be used as a non-parametric statistical technique to test for significance in changes in the overall levels of functioning of the participants. However, no statistical analysis was performed due to the sample size which comprised three participants, including the researcher as participant-researcher. The scoring instructions were as follows: scores between 0 - 1 indicates no effect at all on participant's life; 2-5, a small effect on participant's life; 6-10, moderate effect on participant's life; 11-20 indicates very large effect on participant's life; 21-30, extremely large effect on participant's life. The score on the DLQI can be expressed as a percentage of the maximum score (30). The higher the score, the more quality of life is impaired (Finlay & Khan, 1992). The DLQI was further analysed by calculating the score for each of its six sub-scales that comprised: "symptoms and feelings", "daily activities", "leisure", "work and school", "personal relationships" and "treatment". Each subscale has a maximum score of 6 except for subscales "work" and "treatment" which have a maximum score of 3 on each one (Finlay & Khan, 1992).

Heart rhythm coherence

As a psychophysiological correlate HRC is an alternative way to measure heart rate variability (McCraty et al., 2006; Hartman & Zimberoff, 2006). The biofeedback game was used to calculate average heart rhythm coherence (HRC) which was tracked through coherence meters on the computer screen. Average HRC is represented on a scale of 0.00 to 1.00 where 0 reflects no coherence and 1 is perfect coherence. Heart rhythm coherence reflects the ability to adapt to changes in the environment and shows stress resilience. On a psychophysiologic level, it indicates the highest levels of managing one's emotional and mental state and improved health. On a spiritual level, it indicates peace, inner harmony and

movement to the highest level of love and compassion (Edwards, 2013a; Hartman & Zimberoff, 2006; Levin, 2005; McCraty et al.; 2006).

- **Qualitative research techniques**

As a phenomenological research technique, participants' written feedback at the end of each session formed source documents for the evaluations. Their narratives were analysed in order to capture changes as experienced by the individual participant and the collective group. The researcher's observation notes provided reflexivity into the research process, including the role of the researcher as detached observer.

Participants' new awareness, as reflected in the meanings and messages attributed to psoriasis and healing, were deconstructed through discourse analysis and textual analysis to gain insights into how awareness and intention to heal raise levels of consciousness together with corresponding bodily changes in relation to psoriasis. The phenomenological analysis was based on all aspects obtained through interviews, participants' written descriptions, shared discursive and researcher notes.

The following steps have been adopted to guide the data analysis process (Edwards, 2013a; Edwards et al., 2013). Firstly, a holistic and repeated reading of all individual written process notes was done. This was followed by an analysis of individual profiles into smaller, naturally occurring units of experience (nmu's). Coffey and Atkinson, as cited in Groenewald (2004, p. 17), regard analysis as the "systematic procedures to identify essential features and relationships". It is a way of transforming the information through interpretation. The essential effects in each individual description were summarised. Individual descriptions were integrated into a group profile as it related to the collated phenomenological analysis. An analysis of quantitative individual psychometric and neurophysiologic recordings was completed. This was followed by an analysis of group psychometric and neurophysiologic recordings. Individual, group, qualitative and quantitative data were integrated, analysed, synthesised and discussed. The research findings, strengths,

limitations and recommendations were given to each participant to validate authenticity in the reporting.

3.6 Ethical and safety issues

Written and informed consent was obtained from clients for their participation in the study and for confidentiality. Anonymity was maintained in the reporting through the use of pseudonyms. Clients were given the option to withdraw at any time during the study without any negative consequence. Further, anonymity of the client was kept by restricting review of these tapes to the researcher and her promoter. Ethical approval for this study was obtained from the University of Zululand Research Ethics Committee.

To ensure participants safety, participants were interviewed before and after the participation in the programme. Participants were informed about the nature of the programme and the aim of the research, namely to get in-depth information of participants experiences of energy healing as they raise levels of consciousness and apply their awareness to all aspects of their lives. Participants' definitions of energy healing and their expectations were clarified at the outset, through sharing of source information. To protect participants, a contract of confidentiality was signed by participants. To ensure that participants did not feel coerced into the study they were told that they could withdraw at any stage in the programme. In addition, the researcher's contact details were made available to the participants if they felt the need for additional support so that they could be appropriately referred. Special care and support was taken to contain those participants who become emotional during the session.

3.7 Trustworthiness

- **Validity and truthfulness**

In order to audit the ethics, validity and integrity of the study, the qualitative findings of this evaluation were given to each participant to verify that their perspectives were accurately interpreted and reported.

- **Reflexivity**

The participant-researcher's observation notes were reviewed with additional process notes made after each session which involved re-perceiving the session from a distant observer position. The regular practice of mindfulness was used as a mechanism for the development of a state of equanimity.

3. 8 Conclusion

The research methodology explored philosophical paradigms of both those advocated for in the wisdom traditions and by science. A phenomenological research approach was discussed as it related to a programme evaluation that utilised participatory action. The next chapter discusses research data from the respective domains of being.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

This chapter introduces the participants in the study with brief biographical data for each participant. It presents the qualitative and quantitative findings. The qualitative data captured the subjective lived experiences of the programme with a brief interpretive summary. The quantitative data comprised objective pre and post- test measures on the Dermatology Life Quality Index and on heart rhythm coherence.

Participant	Age	Gender	Job	Status	Issues	Prior knowledge	Forms of practice
Participant A	51	F	psychologist	Single	Unresolved grief and loss	Exposed to reflexology, acupuncture. Limited knowledge of the chakra system and the Vedic understanding of the energy system.	Yoga, various forms of meditation, <i>pranayama</i>
Participant B	24	F	entrepreneur	Single	Adjustment, issues related to loss.	Exposed to reflexology and acupressure. No previous knowledge of energy from a Vedanta perspective	Various forms of meditation, Pranayama (heart breath)
Participant C	54	M	Unemployed	Single	Recovered from addiction Boundary	Attended courses on Eastern philosophy with experiential components.	Readings on Eastern philosophy including

					issues.		work by Chopra and Wilber. Practice various forms of meditation Performs philanthropic acts on a regular and on-going basis.
Participant D	47	F	Psychologist	Single		Readings on eastern philosophy, including work by Chopra.	Additional reading on energy that involve integrated healing. Chakra meditation
Participant E	65	F	Retired	Widow		None but interested in energy healing.	
Participant F	48	F	Home- manager	Married		None but interested in energy healing.	
Participant G	65	F	House-wife	Married		None but interested in energy healing.	
Participant H	54	M	Store-man	Married		None but interested in energy healing.	

Table 4: Introducing the participants

4.2 Qualitative findings

The phenomenological component of this study captured the lived experiences of energy healing through in-depth descriptions of energy healing. This was obtained through participants' journaling at the end of each session and through the researcher's observation notes.

4.2.1 Experiential findings

The experiences of each participant are presented below under the following headings: chakra meditation, guided visualisation, body scan, heart breath, walking meditation and reflections of energy and psoriasis. This is followed by a brief interpretive summary of each participant's session. Where relevant, the researcher's notes are appended below. Together, this information formed the basis for the phenomenological analysis. The individual profile is followed by a detailed collective profile for each session, with an audit trail for natural meaning units. The group profile was developed through content and discourse analysis of participants' individual profiles. Each participant's descriptions are coded as A, B and C.

4.2.1.1 Participant A

Chakra meditation

I feel refreshed (A1) after completing this session. I realise I am the tool for self-empowerment (A2). I understand that cognitively, but not intrinsically, I am still developing an understanding of this at a soul level. Each time I listen to it, my focus and ability to concentrate improves (A3). Each time I get to the solar plexus, I feel my digestive processes kicking in (A4)...Belching...I sleep better (A5) that night, almost like I'm more in touch with better regulated hormones (A6). When I focus more intently on a chakra that needs work on a physical or emotional level (A7), I notice the shifts (A8). For instance the root chakra for improved relationships with people (A9) from whom I particularly look to for support. Focusing on the third eye has helped me stay more intuitively connected to things around me (A10). The robots in my life are all green (A11). I leave this meditation with the

awareness of being mindful (A12)(my guiding angels), the gentle reminder for empowering the inner-self, a centred and grounded space (A13).

Participant A describes the chakra meditation experience as centering and grounding at the core of one's being. This is reflected at the physical level in an over-all sense of wellness, at the mental emotional level as improved concentration and improved relationships, and at the spiritual level as more intuitive and synchronised with the environment.

Researcher reflexivity

Since the group was guided by the audio-taped instruction, the researcher was able to engage fully in the activity. The researcher shared personal experiences during the group feedback session but remained mindful of her observer position.

Guided visualisation

This experience is truly relaxing. Just letting go felt powerful (A14). I felt the healing rays of light penetrate through my body (A15). It was especially powerful as I made each ray of light brighter and brighter, I felt a sense of this body being more than the physical (A16). Sharing and using this technique gave me a sense of control over my body and being (A17).

Participant A describes the empowering experience of visualisation, initially experienced as relaxing and powerful, followed by a sense of being more than the physical body.

Researcher reflexivity

The researcher remained aware of switching roles between leader of the session and observer of the effects of the visualisation on self and others. The researcher's years of experience in guiding visualisation sessions made it possible for her to adopt the role of participant, facilitator and participant-observer. The demeanour of participants indicated their complete engagement in the visualisation.

Body scan – finding the body-mind connection

Practicing scanning the body created an awareness of my-self as an integral being (A18) – tensions in the body reflected my uneasiness towards life experiences (A19). Tautness of the scalp for me reflects my need to escape from life constraints (A20). The bloatedness reminded me of difficulties with assimilating life experiences (A21). I guess my body does speak my issues (A22) so then the problems and the resolutions come from the body and mind held together by some higher guiding force (A23). I realise now, my need to overcome feelings of vulnerability in relationships (A24). Grief and loss issues have created a deep fear for intimacy...something it seems I've projected onto my body...in a way creating a situation that makes intimacy problematic and feared for two reasons: rejection (once again) and the responsibility (of keeping intimacy alive) (A25).

Participant A describes an awareness of a connection between bodily held tensions and unresolved emotional issues resulting in an intention to heal from the spiritual level.

Researcher reflexivity

The researcher remained mindful of leading this exercise while experiencing the sensations. However as a participant, new awareness only emerged during the journaling session, after the body scan exercise was completed.

Heart breath

Initially there were intruding thoughts. I slowly became aware of the need to be mindful. I felt my breath more clearly – it was a pleasant experience (A26), I felt my body expanding (A27). Then memories came up (A28) of things I had forgotten to do that morning (like take my morning medication). I refocused my attention on my breath, staying with the counting, five in and five out. I was immersed in a thoughtless state (A29), just experiencing silence, stillness, darkness, no separation between me and the surrounding, almost a feeling of being everything that is (A30). I felt contained at the end of the session; even though I came in feeling troubled as I received disturbing news about a family member. I felt more present and calmer to deal with life's challenges (A31).

Participant A's experience of the heart breath was associated with thoughtlessness experienced as silence, stillness, darkness, oneness and wholeness that provided containment for life challenges.

Researcher observations

The participant initiated a discussion about healthy eating based on her observations of eating organic food which she found more flavourful in addition to its health benefits.

Walking meditation (Resting your attention on the working surface)

As the feet hit the ground I followed the sensation of the heel making connection with the ground and the other foot to heel on the ground. I became lost in the rhythmic movement (A32). My whole body picked up on the rhythm and finally a sensation of the ground and my body connecting in a synchronised way (A33)... then almost like in a hypnotic trance I felt a connection with the baobab tree against the sky, the bougainvilleas, the grass, the car park. A sense of oneness in our separateness... (A34).

Participant A describes the walking meditation as a state of oneness experienced as an entrainment of a rhythm that connects the body, mind, soul and environment.

Reflections on energy

Practicing yoga .it's an investment in equities. I have my peak periods – my body's really in good shape, flexible, light buoyant and when I go down – don't panic – just tailor the yoga exercise to where my body is (A35) – temper the practice to in-cooperate my body aches and pains - practice at a simple level and the same magic works instantly. I'm all eased up – gradually... mobility, flexibility, muscle spasms all eased up (A36). Since last Sunday to today (a period of a week) I've done 180 degrees. Yoga practice gone down to beginner's level, but its serving the function – body back on track – equity investment levelled out.

I see guttate psoriasis and don't panic (A37)

I'm not the body...the body is vibrating, pulsating matter (A38)...a change of attitude with which I now apply my medication ... no pressure to make it give me results (A39) ...because I know I'm really in control. The lesions are just pulsating energy formations – shifting and changing. The “I” that I am: the constant, changeless, formless (A40) ...just experiencing... The body needs to be nurtured and valued only so to help me realise this oneness with everything else (A41).

I understand differently now, the value of eating according to *ayurvedic* principles. I am more mindful of what I eat as I see the connection with certain foods and the related discomfort at a bodily level (A42). I've also noticed how the body changes, sometimes more alkaline (more accommodating of certain foods) and more acidic and adjust my eating accordingly. There are no foods that I'm barred from eating, I just dance with the energies of my body, so my body can get me where I need to (A43).

Participant A describes energy as a higher guiding force that provides a sense of control over the body, mind and emotions. She describes her experiences of using yoga and food to improve health and over-all wellness.

4.2.1.2 Participant B

Chakra meditation

After meditating along with the CD I feel so calm and relaxed (B1). At points I really did feel that I wasn't in the room (B2). I feel so peaceful now (B3) it's a very comforting feeling. Practicing the Surya *namaskara* postures gives me a better understanding of what yoga is now and a greater knowledge about each of the *chakras*.

Participant B describes the *chakra* meditation as calming, relaxing, peaceful and comforting with a loss of time and space boundaries.

Researcher observations

At the end of the 45 minute meditation, the participant reported the experience as feeling much shorter as “it did not feel like 45 minutes, it felt like 20 minutes”.

Guided visualisation

I feel so calm and relaxed, somewhat lighter, (B4) after the stressful week I had at work. The mantra “everything is going to be just fine” gave me some comfort and as a whole feel a lot better (B5).

Participant B describes feeling calm and relaxed with a sense of overall well-being. She describes how she uses focused breathing and *chakra* meditation to help with her sleep difficulty.

Researcher observations

The week after this session, the participant reported that she did not need music to assist her to fall asleep. She reported that keeping her attention on her breathing, helped her fall asleep. She also reported feeling less stressed. She described feeling calm and peaceful during the week and attributed this to listening to the *chakra* meditation CD on some nights.

Body scan – finding the body-mind connection

During this exercise I felt tingly, pins and needles like sensations on the arches of my feet and a pulsating sensation in my left calf (B6). As I focused my breathing and mind on the rest of my body I felt calm and relaxed (B7). When I reached the chest area I felt a sharp, poking sensation on my right side. The feeling concerns me a little and makes me question the reasons why I felt that sensation (B8). Today’s session really made me think about my psoriasis deeply (B9). I feel that my emotions have an effect on my skin and the severity of my psoriasis. I think the main emotion is loss and loneliness for me as it all started with the loss of my grandmother and part of it might also be anger as I was angry with my parent for

taking us to England because I felt that I had missed out on spending time with the most important woman in my life.

When I think about more recent events, breaking up with my boyfriend after a serious relationship have developed, new lesions and again, I think it is the loss and loneliness that has triggered it (B10). After today's discussion I feel that maybe talking about these experiences and emotions could have a positive effect. It is possible that I have not come to terms with and accepted these emotions so it shows in my skin (B11).

I also realised the drastic effect that living with psoriasis had on my confidence. When I was first diagnosed I was very much the introvert however, once I accepted my condition and realised that it is something that I have to deal/ live with I became more confident (B12). However being back in South Africa, I feel like I've gone back a few steps and I feel I am not myself 100 percent here. I hope that this is just an adjustment period and once I feel completely comfortable here, everything else will fall into place.

After vocalising some of my feelings, I feel a bit better, so much lighter; like a weight has been lifted off my shoulders because I realised that going back to England is something I need to do for myself and actually saying it out loud was kind of liberating (B13). I feel a great sense of relief and I know that going back to England will make me truly happy; it's the place where I am happiest. For me the missing emotion in my life is happiness. The visualisation alone makes me feel instantly happy and put a smile on my face. I hope that one day soon I will radiate happiness like the picture I drew.

Over, the last two weeks I have found that the task/meditation I have been doing (looking at the drawing of "happiness") has had a positive effect on my-self. I feel a lot happier (B14) than I did before we started that particular visualisation. I think part of this might have also come from our discussions; the decision to go back to the UK and taking active steps to get myself there is also a factor. Overall, I feel that these sessions have been so helpful and that is showing in my skin (B15).

Participant B describes the experience of the body scan exercise as bringing up an awareness of uncomfortable body sensations and emotions from which new insights emerge. She describes how her overall sense of well-being reflects now in her skin.

Researcher observations

Participant B has engaged in much reflection on her emotional issues and discovered a connection between relationship difficulties and the flare up in her skin condition. She created a resource state and expressed this in a drawing.

Heart breath

Today I realised how my breathing can be used to calm me down (B16). I think that when I am stressed or put in a stressful situation if I take a minute to concentrate on my breathing, it may help with my stress levels. I will definitely use this technique in future. Overall I am calm and relaxed. I am hoping that it stays this way. The meditation showed me how it can help to control my state of mind (B17). I came in today feeling quiet flustered and stressed due to work but I now feel so much better.

Participant B describes her heart breath as a resource state which she experiences as an awareness that facilitates an immediate transition from flustered to calm states of being.

Researcher observations

When B returned to the next session she reported that she had applied the heart breath during conflict situations at work. She found that this prevented the tension from escalating and when she did respond, she was able to offer more insights for conflict resolution. She reported that while she was able to apply the skills in everyday life, she needed to attend the programme to reinforce her practice.

Walking meditation (Resting your attention on to the working surface)

The walking meditation was an eye opener for me (B18). I was amazed by the smallest details that I noticed during the meditation that I would have never noticed before, for example the footprints of the birds in the sand, the chirping of the birds, the different textures of the ground beneath my feet. It was an eye opener, and it made me realise how much I take for granted (B19) the beauty of nature around us. During the course of this week I have tried to pay more attention to the world around me (B20) and tried to focus on “keeping my attention on the working surface” even as I write this I am paying extra attention to the way in which my pen moves across the page forming the letters. It made me think more when I was carrying out menial everyday tasks. I found that I “performed” better when I actually thought about my movements and actions (B21) as I worked, when wiping the table for example I realised that I only needed to use a bit more pressure on the areas where there was a stain and I could use lighter pressure for the rest of the table so I wouldn’t tire myself out. It is really a simple concept but I think with the rush of everyday life we forget to just stop and think about what we’re doing and just do it but now I feel that I am thinking more before I just do something (B22).

Participant B describes the experience of the walking meditation exercise as creating awareness and intention to remain in the moment. She describes her experience of applying the practice of mindfulness in everyday situations where she found that tasks can be completed effectively with less effort.

Reflections of energy and psoriasis

Today’s session has been very interesting discussing energy. I think that from personal experience your energy levels can alter (B23) when you are around certain individuals. And while we were sitting here discussing I thought about the way I felt on arrival compared to when I leave and after every session I feel very positive and I think that has to do with the other people in our group.

I think the positive energy that these sessions have as well as the energy I gain from meditating has overall impacted every aspect of my life (B24) for example the way in which I react when I'm angry or annoyed with someone and even the people that I choose to associate myself with.

B describes her overall experience of energy healing as becoming more conscious of the presence of energy in everything, including people. She describes how meditation has impacted as a tool to control her own emotions and situations.

4.2.1.3 Participant C

Chakra meditation

Upon commencing the breathing meditation session, I once again experienced the rumbling of my stomach (C1). During the chakra part, I experienced a sudden coming into the present (C2) by way of a jolt to the physical body as if the body was balancing itself (C3) and preventing itself from falling over. Upon completion I experienced a deep sense of peace (C4) and a strong connection (C5) to the function of listening in the body (C6).

Participant C describes the chakra meditation through bodily sensations which are experienced as a sense of the body balancing itself with feelings of peace and connectedness to the body.

Guided visualisation

When the meditation commenced, there was a lot of turmoil in the mind. However, after a while of focussing on the instructions I found an experience of my stomach beginning to rumble (C7) similar to the rumble when one is hungry. This started even though I had eaten lunch. After a while the rumbling stopped and I began to lose awareness of my surrounding (C8) as I continued to focus on the instructions on the CD. At the end of the session I came out feeling relaxed (C9).

Participant C describes the visualisation experience as an awareness of bodily sensations followed by a loss of awareness of his surroundings, an experience from which he emerges feeling relaxed.

Body scan– finding the body-mind connection

I have had no noticeable change or experience since I did not do the affirmations on a regular/daily basis. I will hence forth proceed to do the affirmations daily and then only will I truly be able to give an informed experience. Today's session was most relaxing (C10) to the point that I ended up in states of deep concentration (C11). On approximately three occasions I experienced sudden jolts to the body (C12) bringing me into the present (C13).

Researcher observations

Participant C experienced difficulty with practicing the chakra meditation and the visualisation in between sessions. In the session subsequent to the body scan, the participant reported that he had now started moisturizing his skin, an aspect of self-care he previously neglected.

Participant C describes the body scan experience as relaxing with deep states of concentration followed by sudden jolts at the bodily level, bringing awareness to the present.

Heart breath

I came in all flustered at being late for my session. Upon commencing I was aware of a slight pain in the chest (C14) had not subsided. Practicing the heart breath began to relax me (C15) and at the end of the first session of practice, I was totally relaxed to the point of being oblivious of the disturbance around me (C16). When I began practicing for the second time I quickly went into a state of relaxation. Here I also experienced the same state of being totally relaxed (C17) and oblivious of the disturbances outside (C18). After the second session, I also experienced an overall calmness of myself (C19).

Participant C describes the heart breath as relaxing followed by a loss of awareness of his immediate surrounding which brings him into an experience of overall calmness.

Researcher observations

Participant C referred to the IOM grapher as the truth machine when he saw his scores on the post-test. Although Participant C was experienced in meditation, had a background in *Sithantha* philosophy and he presented with a calm disposition, the IOM grapher revealed low heart rhythm coherence. Participant C related this measure to his emotional inner turbulence connected to unemployment challenges.

Walking meditation (Resting your attention on the working surface)

Upon commencing the walking exercise with the attention resting on the working surface (that area where the feet meet the ground there begins an increase in awareness (C20). As one continues, the awareness continues to be increased (C21). There is the chirping of the birds at the point of being distinct, clear and loud. The brightness of the flowers is intense and clear. There appears to be a line of communication (C22) from the working surface in that information is transferred from the varying surfaces that the foot comes into contact with.

Participant C describes the walking meditation as an experience of increasing and heightened awareness to his surroundings which involve an intense sensory experience and a line of communication between the surface and the self.

Reflections of energy and psoriasis

What does psoriasis mean?

When the first lesion appeared on my scalp, approximately twenty one years ago, I was horrified to know that I had psoriasis. I asked the doctor to prescribe medication to obliterate the psoriasis from my body. He prescribed prednisone (a steroid). For the period that I was on the medication, the lesion size remained the same (size of R5 coin). Upon completion of the medication, the psoriasis broke out throughout the body. That brought about anger within

me and led to my being depressed (C23). I would remain indoors and leave my house only if it was absolutely necessary (to purchase food and essentials). This pattern continued whilst I was on subsequent topical treatments. I eventually was content and accepted this as a way of life (C24) with me managing the psoriasis with topical treatments. With the acceptance of this as a way of life with me managing the psoriasis with topical treatments. With the acceptance, the quality of my life improved (C25). The quality of my life further improved when I embarked on a study of philosophy. I accepted the psoriasis as being part of my karma (C26) and I was no longer angry and did not do much to address the psoriasis issue as I wanted to let this manifestation of psoriasis play out in this life time as part of my karma. My belief is that if I allow it (psoriasis) to play out, then I will not encounter the psoriasis in my next life time.

After this energy healing programme it is most comforting to know that our energies are not independent but rather interconnected to our culture, our communities, our inner body and the physical body (C27). Of note is the fact that when we alter the one, all others change (C28). The fact that every being is connected to one another at the gross level also affects our attitude to those around. The fact that we often have experiences of connecting with others on a subtle level e.g. when you think of a person and the person calls you on the phone, leads us to believe that our energy is also connected at the subtle level (C29). That can become quite obvious if we all allow stillness to prevail in our lives (C30) and not allow ourselves to get caught up in the passing flow of events of our everyday lives.

Participant C describes his journey with psoriasis from frustration and anger to stillness and oneness. Acceptance of self as a psoriasis sufferer changed to an acceptance of self as a dynamic and interconnected being at the subtle level, an identity incongruent with gross matter.

Researcher observations

Participant C reflected on his new understanding of who he is. He expressed that he was now ready to release the psoriasis. By the end of the session he shared a new believe that it

was in order to release the psoriasis as its message has been served. He reported, “This is karmic. It’s okay for it to go... ‘cos that’s not who I am. It does not have to be there in my next life.”

Researcher reflexivity

Bonding and connecting through the group experience created a sense of containment. Each person in the group was so different, yet each individual responded in almost similar ways to the energy healing experiences for each session. At times it was difficult being both facilitator and participant. The researcher constantly reflected on the process of shifting roles. The use of reflexivity in both the role as participant and researcher enabled the researcher to see this “fly on the wall” perspective as a skill and role that participants needed to cultivate for themselves in order to effectively become witnesses to their own life experiences.

Participant A discussion in one of the earlier sessions on the voluntary (conscious) system and the involuntary (unconscious) system made the experiential sessions more meaningful. The peace breath and the body scan exercise took on new meaning as participants were more easily able to see the connection between the diverse aspects in one’s being, viz., mind, body, community, culture. With each new session, the purpose of the activities became more meaningful.

Each participant unfolded something different from the programme in ways that were not anticipated. Holding on to pre-determined expectations as a facilitator /researcher can be frustrating. The researcher needs to be open and flexible in order to allow things to reveal them-selves as they do, through their expressed meanings and personal relevance for each participant. For two individuals it was the breathing that helped create the changes in their life, for the other it was the practice of yoga. The energetic transformation towards wholeness and harmony is a uniquely individualised experience.

As participants started to see the diverse ways in which they were inter-connected, the group became more cohesive and engaged in more conscious living. Issues around healthy eating, healthy relationships, positive attitudes towards self and others became the focus of discussions.

4.3 Quantitative Findings

Individual profiles provide individual quantitative recordings for each participant. Baseline and post programme recordings are given for the DLQI and measures of average heart rhythm coherence (HRC).

Participant		Pre-test	Post-test
Participant A	DLQI	6 (moderate effect)	3 (small effect)
	HRC	0.63	0.89
Participant B	DLQI	5 (small effect)	2 (small effect)
	HRC	0.83	1.00
Participant C	DLQI	10 (moderate)	26 (extremely large effect)
	HRC	0.91	0.45

Table 5: Group profile

- **DLQI**

For participant A, the impact of psoriasis on quality of life had reduced from moderate effect to small effect. The improvement in quality of life in relation to psoriasis was related to a reduction in “symptoms” related to “itchy, sore, painful or stinging” skin and improvement in “personal relationships”. Participant B showed improvement within the category of small effect. The post-test scores indicated reduced impact on quality of life related to “symptoms” specifically related to less “embarrassment or self-conscious” and reduced impact on “skin been the problem at work”. In the case of participant C, the impact of psoriasis on quality of life had increased from moderate to extremely large effect in respect to the following domains: symptoms related to “itchy, sore, painful or stinging” skin; “shopping or looking after home or garden”; “influenced the clothes you wear”; “social or leisure activities”; “sport”; “working” and “treatment”. Of significant note, Participant C became unemployed in the period of the five week programme.

- **Heart rhythm coherence**

Differences in pre- and post-test measures of heart rhythm coherence in Participant A showed that by the end of the 5 week programme A was producing greater heart rhythm coherence, a psychophysiological state associated with higher levels of consciousness and the most subtle levels of energy, related to love, compassion, harmony, improved quality of life and health. Therefore, quantitatively, for Participant A the increase in HRC can be associated with an improvement in quality of life related to “itchy, sore, painful or stinging” skin and improvement in personal relationships.

Participant B’s measure on the post-test for HRC showed that she reached perfect coherence as demonstrated in the post-test at the end of the programme. What does this participant’s description reveal about her healing on all levels and domains?

Participant C’s measures on the pre- and post-test revealed a change from high heart rhythm coherence to low heart rhythm coherence. There is a corresponding relationship between this pattern and the pattern on the DLQI reflecting an association between low heart rhythm

coherence and an extremely large effect of psoriasis on quality of life in respect of the following domains of being: “itchy, sore, painful or stinging” skin; daily activity, work, personal relationships and treatment.

4.4 Discussion of main findings

The qualitative findings presented are followed by quantitative findings. For this small study, the findings are supported by theoretical underpinnings and findings from related studies. The nature of the results was influenced by participants’ commitment to participate in the programme. Although ten participants were anticipated for the programme, the in-depth nature of the study presented challenges in recruiting and maintaining participants. This study presents in-depth first person perspectives from three participants who were able to complete the programme.

4.4.1 Discussion of qualitative findings

- **Programme compliance**

Of the eight candidates who showed initial interest, five dropped out after the first session. Four of whom declined to participate after the initial interview. Of the three participants who completed the programme, the male participant experienced difficulties with homework compliance. Reasons for non-participation were related to perceived constraints of gender roles.

- **Gender influence**

Of the six women who were interested but could not commit to attending the programme, five were either married or widowed. Reasons given for their inability to commit related to competing family priorities.

In the case of the two males, one dropped out after the first session for reasons related to a new job schedule. The other had given up his job in the course of the programme. The last two sessions coincided with a stressful period resulting in health issues.

4.4.1.1 The lived experiences of the programme

In order to best understand the phenomenon of energy healing, the perspectives of those directly involved in the programme are presented as they were experienced in each session. Included below are the natural meaning units.

4.4.1.1.1 Chakra Meditation

Participant A describes the chakra meditation experience as centering and grounding at the core of one's being. This is reflected at the physical level in an over-all sense of wellness, at the mental-emotional level as improved concentration and improved relationships, and at the spiritual level as more intuitive and synchronised with the environment.

I feel refreshed (A1)

I realise I am the tool for self-empowerment (A2).

my focus and ability to concentrate improves (A3)

I feel my digestive processes kicking in (A4)

I sleep better (A5)

I'm more in touch with better regulated hormones (A6)

I focus more intently on a chakra that needs work on a physical or emotional level (A7)

I notice the shifts (A8)

For instance the root chakra for improved relationships with people (A9)

stay more intuitively connected to things around me (A10).

The robots in my life are all green (A11).

I leave this meditation with the awareness of being mindful (A12)

empowering the inner-self, a centred and grounded space (A13).

Participant B describes the chakra meditation as calming, relaxing, peaceful and comforting with a loss of time and space boundaries.

I feel so calm and relaxed (B1).

feel that I wasn't in the room (B2)

I feel so peaceful now (B3)

Participant C describes the chakra meditation through bodily sensations that include a sense of the body balancing followed by feelings of peace and connectedness to the body.

the rumbling of my stomach (C1)

coming into the present (C2)

body was balancing itself (C3)

deep sense of peace (C4)

a strong connection (C5)

listening in the body (C6).

4.4.1.1.2 Guided visualisation

Participant A describes the experience of visualisation as empowering, initially experienced as relaxing and powerful, followed by a sense of being more than the physical body.

truly relaxing. Just letting go felt powerful (A14).

I felt the healing rays of light penetrate through my body (A15)

I felt a sense of this body being more than the physical (A16).

gave me a sense of control over my body and being (A17).

Participant B describes feeling calm and relaxed with a sense of overall well-being. She describes the use of focused breathing and chakra meditation to help with her sleep difficulty.

I feel so calm and relaxed, somewhat lighter, (B4)

gave me some comfort and as a whole feel a lot better (B5).

Participant C describes the visualisation experience through an awareness of bodily sensations followed by a loss of awareness of surroundings. Overall it was an experience from which he emerges feeling relaxed.

my stomach beginning to rumble (C7)

lose awareness of my surrounding (C8)

I came out feeling relaxed (C9).

4.4.1.1.3 The body scan

For Participant A, the body scan exercise creates an awareness of the connection between bodily held tensions and unresolved emotional issues, resulting in an intention to heal from the spiritual level.

created an awareness of my-self as an integral being (A18)

tensions in the body reflected my uneasiness towards life experiences (A19)

Tautness of the scalp for me reflects my need to escape from life constraints (A20)

The bloatedness reminded me of difficulties with assimilating life experiences (A21).

my body does speak my issues (A22)

resolutions come from the body and mind held together by some higher guiding force (A23).

I realise now, my need to overcome feelings of vulnerability in relationships (A24)

rejection (once again) and the responsibility (of keeping intimacy alive) (A25).

Participant B describes the experience of the body scan exercise as an awareness of uncomfortable body sensations and emotions from which new insights emerge. She describes her overall sense of well-being as reflecting now in her skin.

a pulsating sensation in my left calf (B6)

I felt calm and relaxed (B7).

makes me question the reasons why I felt that sensation (B8).

made me think about my psoriasis deeply (B9).

I think it is the loss and loneliness that has triggered it (B10).

I have now come to terms with and accepted these emotions so it shows in my skin (B11).

I accepted my condition ... I became more confident (B12).

saying it out loud was kind of liberating (B13).

I feel a lot happier (B14)

showing in my skin (B15).

Participant C describes the body scan experience as relaxing with deep states of concentration followed by sudden jolts at the bodily level, bringing awareness to the present moment.

session was most relaxing (C10)

I ended up in states of deep concentration (C11)

I experienced sudden jolts to the body (C12)

bringing me into the present (C13).

4.4.1.1.4 The heart breath

Participant A's experience of the heart breath is associated with thoughtlessness experienced as silence, stillness, darkness, oneness and wholeness that provided containment for life challenges.

it was a pleasant experience (A26)

I felt my body expanding (A27).

Then memories came up (A28)

I was immersed in a thoughtless state (A29)

a feeling of being everything that is (A30).

I felt more present and calmer to deal with life's challenges (A31).

Participant B describes her heart breath as a resource state which she experiences as an immediate transformation from flustered to calm states of being.

my breathing can be used to calm me down (B16).

it can help to control my state of mind (B17).

Participant C describes the heart breath as relaxing followed by a loss of awareness of his immediate surrounding which brings him into an experience of overall calmness.

I was aware of a slight pain in the chest (C14)

heart breath began to relax me (C15)

of being oblivious of the disturbance around me (C16).

state of being totally relaxed (C17)

oblivious of the disturbances outside (C18)

experienced an overall calmness of myself (C19).

4.4.1.1.5 Walking meditation

Participant A describes the walking meditation as a state of oneness experienced as an entrainment of a rhythm that connects the body, mind, soul and environment.

I became lost in the rhythmic movement (A32)

my body connecting in a synchronised way (A33)

A sense of oneness in our separateness... (A34)

Participant B describes the experience of the walking meditation exercise as an awareness of intention to remain in the moment. She describes her experience of applying the practice of mindfulness in everyday situations where she found that tasks can be completed effectively with less effort.

The walking meditation was an eye opener for me (B18).

it made me realise how much I take for granted (B19)

I have tried to pay more attention to the world around me (B20)

I actually thought about my movements and actions (B21)

I feel that I am thinking more before I just do something (B22).

Participant C describes the walking meditation as an experience of increasing and heightened awareness to his surroundings which involve an intense sensory experience and a line of communication between the surface and the self.

there begins an increase in awareness (C20).

the awareness continues to be increased (C21).

There appears to be a line of communication (C22)

4.4.1.1.6 Reflections of energy and psoriasis

Participant A describes energy as a higher guiding force that provides a sense of control over the body, mind and emotions. She describes her experiences of using yoga and food to improve health and over-all wellness.

just tailor the yoga exercise to where my body is (A35)

I'm all eased up – gradually... mobility, flexibility, muscle spasms all eased up (A36)

I see guttate psoriasis and don't panic (A37)

I'm not the body...the body is vibrating, pulsating matter (A38)

no pressure to make it give me results (A39)

The "I" that I am: the constant, changeless, formless (A40)

help me realise this oneness with everything else (A41).

as I see the connection with certain foods and the related discomfort at a bodily level (A42).

I just dance with the energies of my body, so my body can get me where I need to (A43).

Participant B describes her overall experience of energy healing as becoming more conscious of the presence of energy in everything including people. She describes how meditation has impacted as a tool to control her own emotions and situations.

I think that from personal experience your energy levels can alter (B23)

meditating has overall impacted every aspect of my life (B24)

Participant C describes the journey with psoriasis from the point of frustration and anger to stillness and oneness. Acceptance of self as a psoriasis sufferer changed to an acceptance of self as a dynamic and interconnected being at the subtle level.

anger within me and led to my being depressed (C23).

accepted this as a way of life (C24)

With the acceptance, the quality of my life improved (C25).

I accepted the psoriasis as being part of my karma (C26)

interconnected to our culture, our communities, our inner body and the physical body (C27)

when we alter the one, all others change (C28).

our energy is also connected at the subtle level (C29).

if we all allow stillness to prevail in our lives (C30).

4.4.1.2 Collective energy healing experience

The collective profile was obtained through a synthesis of the natural meaning units contained in each participant's description. Transformations in consciousness were expressed in the subjective experiences of relaxation, calmness, peace, silence, stillness, darkness, oneness and wholeness that were described. Other transformations in

consciousness were reflected in experiences related to loss of space and time boundaries or loss of awareness of surroundings (A29, A30, A32, A34, B2, B29, C8, C13, C18). Improved and deep states of concentration including intense sensory experience were described (A3-10, A15, 16, A19-22, A25, A27, B6, B8, B9, B10-12, C1, C3, C5, C6, C11, C12, C14, C18). Experience of these states in consciousness were associated with centering and grounding (A13, B3, B7, C2, C13), body balancing (A4-6, B14-15, C3), higher guiding force (A 23, C22), synchronised rhythms of body, mind and soul (A33, B11, C19), connectedness (A10, A18, B20, B23, C5, C22, C27) as it relates to increased capacity of the observing self, shifts in identity, self-acceptance and overall sense of well-being and health.

The above emerging themes revealed in the individual and collective experiences can be viewed in the context of Wilber's holographic model of energy healing (1996a; 2000; 2006a). These themes are also supported by Aurobindo's and Patanjali's principles of making conscious the unconscious aspects of self, ranging through the physical, mental-emotional and spiritual realms where pure awareness and intention serve as the primary and central organising force (Chopra, 1999; Epstein et al., 2009). For Participant A, meditation serves as the vehicle to the causal realm, for Participant B, the breath serves as the vehicle while for participant C, the body serves as the gateway to the higher realms. These findings are supported by research findings on mindfulness practices, transcendental meditation, breath meditation and kriya yoga which show a corresponding association between transformations in consciousness as reflected in the various domains of being, including improved health (Brown & Gerbarg, 2009; Edwards, 2009; Edwards et al., 2013; Schure et al., 2008; Travis 2014).

4.4.1.3 Central themes

4.4.1.3.1 Experiences of relaxation, calmness, peace, silence, stillness, darkness, oneness and wholeness

In describing a psychology that includes higher states of consciousness, Edwards (2013a, p. 533) identifies spiritual experiences of stillness, peace and oneness as a pre-condition for

meaning, transcendence and flow. He refers to these states as a “felt sense” experienced in everyday life and as “qualitative energy experiences occurring during meditation and non-meditation” (Edwards, 2013b, p. 531). According to Edwards (2013b) spiritual experiences of stillness, peace and oneness are accompanied by harmonious breathing patterns. This is supported in psychophysiological studies by Edwards et al., (2013) and Edwards (2013a). In Edwards et al. (2013) investigation into breath meditation, participants explicitly referred to relaxing, letting go into improved calmness, stillness, peace with deepening consciousness, visualisation, merging with breath, energetic transformations, dream states, universal shared consciousness and transcendence into realms of light and bliss. The above study also concluded that physiological decreases in breath rate and lower frequency delta bands were accompanied by increasing trends towards the higher frequency range of the electroencephalographic spectrum, peaking in the alpha and SMR bands. These brain wave states are associated with an aroused and alert state of waking consciousness (Edwards et al., 2013, p. 408).

4.4.1.3.2 Loss of space and time boundaries

In a systematic analysis of transcendental meditation experiences of 52 subjects Travis (2014), found three themes: an absence of time, space and body sense. Specific physiological changes in breath rate, skin conductance and EEG patterns which are reflected in an increased brain frontal activity, higher brain integration, greater emotional stability and decreased anxiety during challenging tasks were associated with these three themes. According to Travis (2014), these physiological markers are associated with higher states in consciousness which Vedanta refers to as cosmic consciousness. He describes cosmic consciousness as the subject/object relationship experience characterised by the absence of time, space and body sense. Wilber (2006b) describes this state of non-dual awareness as the collapse of interiors, exteriors, individual and collective. Edwards (2013a) identifies the different terms used across cultures to describe this state: objective witnessing, pure Self, Atman/Brahman, God Consciousness and intrinsic spirit itself. According to Edwards (2013a), this state of consciousness is experienced through a higher power or universal intelligence. It is also experienced through inner reflection and self discovery arising from a search for meaning and purpose. Finally, through a deep connection to all life form, the self is re-defined.

4.4.1.3.4 Deep states of concentration and intense sensory experience

Edwards' study (2013a) on a self-identification meditation intervention revealed the following collective meditation experiences: improved awareness, realisations, deepening of consciousness, imagery, shared consciousness and dream states. These experiences revealed states in consciousness related to natural physical world, bodily sensations, emotional feelings and thoughts, spiritual relationships with God and with personal world relationships in general which facilitated working through stressful and traumatic events (Edwards, 2013a, p. 74). The collective profile of perceptual changes revealed more loving relationships, positive thoughts, peacefulness, spirituality, focus, understanding, relaxation, acceptance, consciousness, sensitivity, happiness, appreciation, connectedness, peace, insight, intuition, flexibility, gratitude and hopeful states of consciousness (Edwards, 2013a, p. 74). The psychophysiological correlates were indicated through an increase in alpha, theta and gamma brain waves and a decrease in delta, in muscle tension as measured on the electromyography, a decrease in blood volume pulse as measured in beats per minute and in respiration.

4.4.1.3.5 Realisation of the dynamic nature of self as energy

“Tat Tvam asi” (I am that)

(Chandogya Upanishad in Parthasarathy, 1999, p. 330)

For Participant A, the realisation of the true self as formless and constant (A40) translates into the following new coping skills: don't panic (A37), deal with life's challenges (A31), dance with the energies of the body and of food (A43), just tailor the yoga exercise (A35). For Participant B, the realisation of the self as dynamic helped to be calm (B16), more reflective before acting (B22). Better sleep and improved relationships were reported in the session. For Participant C, the realisation of the self as an interconnected being (C27) translated into accepting the self as being part of the dynamic nature of evolution (C28) that was not trapped by psoriasis as being part of my karma (C26). New behaviour of moisturising the previously unattended skin was reported on in the session. This supports Wilber's observations of increasing levels in consciousness that become evident in a heart

that metaphorically gets bigger, a mind that gets bigger and increasing circles of care and compassion.

“Remembering that the real you is not trapped in the volume of a body for the span of a lifetime is the key to genuine freedom and joy.”

(Chopra & Simon, 2004, p. 24)

4.4.1.4. The extent to which awareness and intention to heal increase levels of consciousness

4.4.1.4.1. Self-discovery and self-acceptance

- **Causal level shifts in identity**

The experience of the inner-self is described as centering and grounding (A13, B3, B7, C2, and C13). The spiritual aspects that serve as a higher guiding force (A 23, C22) are viewed as essential in resolving emotional tensions that resonate at the physical level (A4-6, B14-15, C3). The realisation of the true self as formless (Participant A), dynamic (Participant B) and interconnected (Participant C) fosters a change of attitude and enhanced coping skills. Such changes which demonstrate cognitive, emotional and behavioural flexibility are in essence functions of mindfulness associated with increased levels of consciousness (Shapiro et al., 2006). All the studies reviewed referred to the mentally and physically calming effects of various forms of energy healing modalities (Brown & Gerbarg, 2005; Schure et al., 2008; Edwards, 2013a; Edwards et al., 2013)

- **Subtle level - thoughts and emotions**

The body scan exercise provided insights into messages that were reflected in bodily uneasiness and discomfort. For participant A the tautness of the scalp was associated with a need to escape life constraints while the bloated body sensation was associated with difficulties in assimilating life experiences. For participant B psoriasis was associated with grief, loss, loneliness and relationship issues. These insights created an acceptance of

disowned emotions. Participant C re-examines the perceived role of suffering in the context of his new understanding of the interconnected self. With a realignment of values based on an understanding of the nature of the real self, participant A finds she is now less anxious when new lesions appear or about getting desired results from external applications on the skin. Participant B describes the happiness that shows in her skin. Participant C reveals that he is ready to release the karmic connection he has with psoriasis. According to McCraty et al., (2006) and Shapiro et al., (2006) shifts in perspective provide a broader perspective from which to reflect on and address stressors.

Similarly, Shapiro et al. (2006) reported on the following ways in which mindfulness-based practices created shifts from unresolved inner issues to acceptance. The practice provided space to deal with emotions, it cleared and ordered the mind which enabled participants to observe feelings more objectively and it slowed down the flow of thoughts which enabled participants to note these thoughts and release associated emotions.

- **Gross level – the body**

Intentions to heal are manifest through subtle actions (Chopra, 1999). Participant C reveals this in new behaviour as he starts caring for his body by applying creams to soothe and ease his otherwise dry and flaking skin. The revelation of emotions and its bodily held sensations are associated with observed improvements in the skin for Participant B and a sense of overall wellness for Participant A. Participant B describes the use of breath to help promote sleep. Healing at the different energy levels relates to Aurobindo (2004), Chopra (1999) and Wilber's theory (2006) which advocates for making conscious the unconscious aspects of the self. These philosopher-theorists assert that even at the very lowest levels of consciousness, every cell contains cosmic intelligence. For Participant C the awareness, experienced as interconnected and changing, creates for him new meanings of psoriasis and the realisation that it can be released through the experience of stillness, a state of consciousness associated with the causal energy level.

4.4.1.4.2 Detached observer

Participant A describes how intentional focus on the third eye creates an awareness of improved intuition and a greater flow described as the robots are all green. Visualisation facilitates the role of the distance observer, which was experienced as letting go and as being more than the physical body.

At the end of the programme, Participant A reveals an awareness of the impermanence of physical body structure which is described as vibrating, pulsating matter which is related to the psoriasis experience. In Vedanta's understanding of the ontology of the self, the body is viewed differently when viewed from higher levels of consciousness. The observer (subject) becomes the observed (object) (Chopra & Simon, 2004; Wilber, 2000). The subjective experience of being a psoriasis sufferer becomes objectively experienced as something (it) that can be manipulated and controlled. This implies that the psoriasis sufferer transcends identification with the material body.

Energy and energy healing perceptions influenced the extent to which individuals participated in the programme. Those participants' whose understanding of energy healing was limited to a body-mind connection or to metaphysical concepts dropped out of the programme. These participants viewed energy, primarily as an outside agent coming in, and negated the interior dimensions of being, viz., intention, personal experience or personal responsibility in healing. One prospective participant, an energy healer herself, questioned the personal value of such a programme. In the case of the three participants who completed the programme, one came into the programme with no clear idea of energy but with openness to experience and to learn. The other two perceived energy as a multi-dimensional force operating through interior and exterior domains.

Two candidates, who expressed a need for healing, declined to participate because of perceived religious connotations associated with energy healing. One interested candidate questioned the research design because psoriasis, rather than phenomenology of experience, was perceived as the object of study. Watson and du Bruin's study (2007) highlight the

influence of subjective meanings of psoriasis on well-being. The Eastern wisdom traditions emphasise the experience of oneness in healing, a concept which Wilber advocates through an integral research methodology that integrates objective findings with subjective experiences of oneness (Aurobindo, 2004; Wilber, 2006).

4.4.1.4.3 Improved relationships

For Participant A, intentional focus on the relevant chakras created an awareness of improvements in supportive relationships. For Participant B, the use of the heart-breath created a presence from which conflict situations could be managed and stress reduced. For Participant C, an exploration of boundaries with friends and family provided insights into self and self in-relation.

4.4.1.5 The extent to which new awareness led to corresponding bodily changes in relation to psoriasis

Harmony and balance at the bodily level is reflected in diverse aspects of body functioning. An over-all body wellness is described as improved digestion (A4), better sleep (A5)(B5) and better regulated hormones (A6) as reflecting in the skin (B11) and in attending to the dry skin (Participant C). For participant A, new awareness in the body serves as the vehicle for transformation (A41) and is reflected in improved mobility, flexibility and fewer muscle spasms (A36). Participant A's descriptions of yoga as an investment (A35) is further explicated in Schure et al. study (2008) in which the practice of yoga is viewed as an investment that pays off in the form of good health with fewer bouts of flu. Significant to this study, is A's experience of reducing intensity of her yoga practice due to pain but experiences that this low key practice restores physical wellness optimally within a short period, similar to an investment in equities. (A35). Participant B describes her skin condition as a revelation into her emotions where a release of negative emotions reveals happiness that shows in her skin (B14-15). Although Participant C did not reveal changes at the physiological level, his new beliefs translated into caring for his skin. The quantitative aspect of this study provides further objective data related to associated bodily changes.

4.4.2 Discussion of quantitative findings

Since there were only three participants who completed the programme no statistical analysis was done. For both Participant A and B the post-test scores on the DLQI (reduced impact of psoriasis on quality of life) and HRC measures showed a positive relation between practicing energy healing, quality of life and heart rhythm coherence. In the case of Participant C, the post-test scores on the DLQI and the HRC measures showed a negative relation between the energy healing programme, quality of life and HRC. Mediating factors such as employment issues have been known to exacerbate stress and consequently psoriasis (Joseph, 2010; Kabat-Zinn et al., 1998; Tausk, 2008). Stressful events experienced during an energy healing programme may influence the positive effects of the programme in people living with psoriasis.

Overall, the quantitative findings revealed a 67 percent improvement in both psychometric data associated with quality of life and psychophysiologic data associated with improved health. Therefore, in relation to the quantitative aspects of this study, the hypothesis that energy healing will have a positive influence on psoriasis sufferers can be accepted. Caution should however be taken in viewing the quantitative findings in isolation due to the small sample size.

4.5 Integrative findings

This research was based on the AQAL model which examined both the phenomenological and positivist perspectives of energy healing. The research provided a comprehensive evaluation of energy healing as it relates to people with psoriasis. In order to provide quality assurance of this programme evaluation, the following principles of an integral approach were adopted: researcher reflexivity and an inclusion of all levels of being, each with its own validity claim.

To ensure validity, the AQAL model advocates for inter-objective and inter-subjective confirmation. To this end, the programme evaluation used a participatory-researcher

approach that included participants' insider perspectives in the evaluation. Wilber (2000) refers to this truth claim as "subjective truth" (p. 73). Authenticity and integrity of participants' written descriptions was established through an audit of both individual and collective findings by participants. "Objective truth" involved the use of both the DLQI and HRC meters to mutually reinforce the findings from each one for the purpose of correlation and causality. Data collected was obtained from its respective domains to ensure functional fit and avoid category errors.

4.6 Evaluation of integrated findings

The integrated findings support the main question with regard to the effectiveness of an energy healing programme for a group of psoriasis sufferers. The emerging themes reveal a relationship between experiences of relaxation, calmness, peace; stillness, silence and an increased awareness and intention to heal. These findings are supported by quantitative findings of improved quality of life in relation to psoriasis and greater heart rhythm coherence. HRC reflects optimal health, positive emotional states and an association with higher levels of consciousness and its supporting energy structures.

4.7 Conclusion

The data presented in this chapter provided a discussion on the individual and collective descriptions of energy healing as experienced by a group of psoriasis sufferers. It also discussed the quantitative findings on the effectiveness of the energy healing programme and provided an integrated overview. The next chapter examines the strengths and limitations of the study.

CHAPTER 5

RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This chapter contains a summary conclusion, limitations and recommendations for future research. Conclusions were based on an integrated perspective obtained through findings from both qualitative and quantitative findings.

5.2 Strengths of the study

- Although this study was based on three people, it can be developed into an empowerment programme that embraces all levels of being: body, mind, soul and spirit and all domains: social, cultural, phenomenological and structural for people with chronic diseases. As the programme is experiential, it cannot be explained but needs to be used.
- It promotes integral, holistic ways of knowing and being in the world using natural, affordable practices that draw on communal support and inter-disciplinary research findings.
- The programme may be replicated by other communities. Although all participants were Hindu, one was raised in a foreign culture and the other subscribed to a theistic school of Hinduism.
- It may be used as an outpatient adjunct treatment programme at a dermatology centre that offers optimal health care practices.

5.3 Limitations of the study and implications

- The difficulty in recruiting participants was related to inability of prospective participants to commit to regular attendance due to competing family priorities. Six of the seven interested females were married and declined to participate for the above reason.
- Participants' understanding of the AQAL approach and the full spectrum energy model only unfolded during the programme duration. An explication of this model at the outset might have provided additional insights to clarify possible misconceptions and maximise healing potential.
- A five week programme may not have allowed participants enough time to derive maximum benefit from the programme.
- Homework compliance is a challenge for some individuals.

5.3.1. Methodological considerations

- No causal inferences can be drawn as the study used a pre-test and post-test design only. A follow up study that uses a control group would provide greater validity.
- The effects of confounding variables (effect modifiers) could not be controlled for.
- The small sample size limited generalisability.
- Participants were limited to people of the Hindu religious belief system rooted in a non-dual reality, a factor which further limits generalisability.

5.4 Recommendations

5.4.1 Programme implementation

- To ensure maximum participant participation, an understanding of the full spectrum model of energy needs to be clarified at the outset. For continued benefits of the programme, the following recommendations were made by the participants:
- Open the group to people with other ailments.

- To encourage compliance of practice outside of the programme, all members engage collectively, in a 10 minute meditation session every day at the same time.
- Daily self-report logs to track home practice compliance in between sessions.
- The group meet once in two months after conclusion of the programme in order to reinforce continued practice and to top up with a programme of speakers that develop their existing knowledge base.

5.4.2 Future research

- A larger group sample with participation over a 12 week programme.
- The use of a control group which offers a greater degree of comparison.
- A sample that includes individuals from other religions.

5.5 Conclusion

The aim of this investigation was to evaluate energy healing as experienced by a group of psoriasis sufferers. In order to obtain the most inclusive perspective of energy healing in this small scale phenomenological study, an integral research design was used. To enhance objectivity, the participants' descriptions were supplemented with psychophysiological measures with integrated individual and collective, qualitative and quantitative components.

The initiatives taken on by those who pursue healing at the very depth of their beings adds to the body of knowledge as revealed in the lived experiences of accessing and utilising energies of the gross, subtle and causal energy structures as they integrate through the various levels of consciousness that range from the disfigured, disowned self to the liberated true self.

As psychology integrates lessons from modern physics and modern biology with that of the wisdom traditions, it supports working with the full human energy spectrum in ways that access a central organising principle for integrated healing.

REFERENCES

- Abel, A. N., Lloyd, L.K. & Williams J.S. (2013). The effects of regular yoga practice on pulmonary function in healthy individuals: a literature review. *The Journal of Alternative and Complementary Medicine*, 19(3) 185-190.
- Arya, S.K. (n.d). Psychology in yoga darśana. [Booklet]. *Indian Foundation for Vedic Science*. Haryana, India: Indian Foundation for Vedic Science.
- Assagioli, R. (2010). Some collected works of Dr Roberto Assagioli . Retrieved on April, 11, 2013 from <http://www.scribd.com/doc/37893675/Some-Collected-Works-of-Dr-Roberto-Assagioli-M-D>
- Aurobindo, S. (1990). *The life divine*. Twin Lakes, WI: Lotus Press.
- Aurobindo, S. (2004). *Integral healing. Aurobindo and the Mother*. Pondicherry: Aurobindo Ashram Press.
- Aurobindo, S. (2011). *Integral yoga*. Twin Lakes, WI: Lotus Press.
- Brooks, A. J., Schwartz, G. E., Reece, K. & Nangle, G. (2006). The effect of Johrei Healing on substance abuse recovery: A pilot study. *The Journal of Alternative and Complementary Medicine*, 12(7), 625- 631.
- Brown, R.P. & Gerbarg, P.L. (2005). Sudarshan kriya yogic breathing in the treatment of stress, anxiety, and depression: part ii—clinical applications and guidelines. *The Journal of Alternative and Complementary Medicine*, 11, 711–717.

Chopra, D. (1999). *Creating health*. Glasgow: Omnia Books Ltd.

Chopra, D. (2003). *Synchro destiny*. London: Rider.

Chopra, D. (2009). *Reinventing the body, resurrecting the soul*. London: Rider.

Chopra, D. & Simon, D. (2004). *The seven spiritual laws of yoga*. New Jersey: John Wiley & Sons, Inc.

Creswell, J. (1998). *Qualitative inquiry and research design: choosing among five traditions*. Thousand Oaks, CA: Sage.

Cysarz, D. & Bussing, A. (2005). Cardiorespiratory synchronization during Zen meditation. *European Journal of Applied Physiology*, 95, 88–95.

Edwards, S.D. (2001). Phenomenology as intervention. *Indo-Pacific Journal of Phenomenology*, 2, 1-10.

Edwards, S.D. (2006). Experiencing the meaning of breathing. *Indo-Pacific Journal of Phenomenology*, 6(1), 1-13.

Edwards, S.D. (2009). The description and evaluation of an African breath psychotherapeutic workshop. *Journal of Psychology in Africa*, 19(2), 253-260.

Edwards, S.D. (2013a). Influence of a self-identification meditation intervention on psychological and neurophysiologic variables. *Journal of Psychology in Africa*, 23(1), 69–76.

- Edwards, S.D. (2013b). Holistic psychology: A Brief Primer. *Journal of Psychology in Africa*, 23(3), 531–538.
- Edwards, S.D., Hlongwane, M.M., Thwala, J.D. & Robinson, N.C. (2011). Indigenous patterns of energy healing with special reference to Africa, India and China. Indilinga. *African Journal of Indigenous Knowledge Systems*, 10(1), 38-52.
- Edwards, S. D., Sherwood, P., Naidoo, N., Geils, C., van Heerden, K., Thwala, J.D., Davidson, D. & Edwards, D. (2013). Investigation into breath meditation: phenomenological, neurophysiologic, psychotherapeutic and sport psychological implications. *African Journal for Physical, Health Education, Recreation and Dance*, 19(2), 394-418.
- Emoto, M (2001). *The hidden messages in water*. New York: Atria Books.
- Epstein, D. M., Senzon, S.A. & Lemberger, D. (2009). Reorganizational healing: Paradigm for the advancement of wellness, behaviour change, holistic practice, and healing. *The Journal of Alternative and Complementary Medicine*, 15(5), 475-487
- Finlay, A. Y. & Khan G. K. (1992). Information & conditions concerning use. Dermatology Life Quality Index. <http://www.dermatology.org.uk/quality/dlqi/quality-dlqi-info.html>
- Graham, H. (1990). *Time, energy and the psychology of healing*. London: Jessica Kingsley Publishers.
- Gerber, R. (2001). *Vibrational medicine. The #1 handbook of subtle-energy therapies*. United States: Lake Book Manufacturing, Inc.

- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1), 1-26
- Halprin, A. & Samuels, M. (2005). Healing and transformation through expressive arts. In *Consciousness and healing: Integral Approaches to Mind-body medicine* (pp 127-142). Missouri: Elsevier Churchill Livingstone.
- Hartman, D. & Zimberoff, D. (2006). Healing the body-mind in heart-centered therapies. *Journal of Heart-Centered Therapies*, 9(2), 75-137.
- Hussain, D. & Bhushan, B. (2010). Psychology of meditation and health: Present status and future directions. *International Journal of Psychology and Psychological Therapy*, 10 (3), 439-451.
- Huxley, A. (1946). *The perennial philosophy*. London, England: Fontana.
- Joseph, D. (2010). The psychological impact of skin diseases. *Practice Nurse*, 39 (2), 19. <http://connection.ebscohost.com/c/articles/48146767/psychological-impact-skin-diseases>
- Judith, A. (2004). *Eastern body Western mind*. Toronto: Celestial Arts.
- Judith, A. (2009). *Waking the Global Heart. Discussion Guide*. Retrieved June 25, 2012, from http://www.sacredcenters.com/files/WTGH_StudyGuide_SmallFILE.pdf
- Levin, D.M. (2005). Meaning and the history of the body: toward a postmodern medicine. In *Consciousness and healing: Integral Approaches to Mind-body medicine* (p 93-103). Missouri: Elsevier Churchill Livingstone.

Lipton, B.H. (2010). *The Biology of Belief*. Santa Rosa, California: Hay House Inc.

Kabat-Zinn J., Wheeler, E., Light, T., Skillings, A., Scharf, M.J., Cropley, T.G., Hosmer, D. & Bernhard, J.D. (1998). Influence of a mindfulness meditation-based stress reduction intervention on rates of skin clearing in patients with moderate to severe psoriasis undergoing phototherapy (UVB) and photo chemotherapy (PUVA). *Psychosomatic Medicine*, 60, 625–632.

Mindfulness - Psychology Tools

(n/d). Body Scan Mindfulness Exercise. Retrieved on January, 31, 2013 from <http://www.stillmind.com.au/Documents/Body%20Scan%20Meditation%20orig.pdf>

McCraty, R. & Tomasino, D. (2006). Emotional stress, positive emotions, and psychological coherence.

http://www.alternativeworldwidehealth.com/files/Heartmath_Stress_chapter.pdf

McCraty, R., Atkinson, M., Tomasino, D & Bradley, R.T. (2006). *The coherent heart. Heart-brain interactions, psychophysiological coherence, and the emergence of system-wide order*. HeartMath Research Center, Institute of HeartMath. E-book.

National Psoriasis Foundation (2014). Symptoms and diagnosis.

<http://www.psoriasis.org/about-psoriasis/symptoms-and-diagnosis>

Om, S. S. (1981). *The path of Ramana. Part one (with a brief life history of Ramana and an English translation of Nan Yar?)*. Kerala, India: Ramana Kshetra.

Parthasarathy, A. (1999). *Vedanta treatise*. Mumbai: Vedanta Life Institute

- Pert, C.B., Dreher, H.E. & Ruff, M.R. (2005). The psychosomatic network: Foundations of mind-body. In *Consciousness and healing: Integral Approaches to Mind-body medicine* (pp 61-78). Missouri: Elsevier Churchill Livingstone.
- Pert, C.B. & Marriott, N. (2008). The science of emotions and consciousness. Retrieved on May, 17, 2014 from <http://stpresskit.files.wordpress.com/2008/08/measuring-immeasurable-p15-33-pert-marriott.pdf>
- Rama, S., Ballentine, R., & Hymes, A. (1979). *Science of breath*. Honesdale, P.A: Himalayan International Institute.
- Rama, S. (1981). Energy of consciousness in the human personality. In R.S. Valle & R. von Eckartsberg (Eds.), *The Metaphors of Consciousness* (p 315-324). Plenum Press, New York.
- Schlitz, M., Amorok, K. & Micozzi, M.S. (2005). *Consciousness and healing: Integral Approaches to Mind-body medicine*. Missouri: Elsevier Churchill Livingstone.
- Schure, M.B., Christopher, J. & Christopher, S. (2008). Mind-body medicine and the art of self-care: teaching mindfulness to counseling students through yoga, meditation and qigong. *Journal of Counseling and Development*, (86), 47-56.

- Senzon, S.A. (2007). Subtle energies viewed from four quadrants. *Journal of Integral theory and Practice*, 2(4) 134-146. Retrieved August, 16, 2014 from <http://philosophyofchiropractic.com/wp-content/uploads/2012/03/Senzon-Subtle-Energies-Four-Quadrants.pdf>
- Shapiro, S.L., Carlson, L.E., Astin, J.A. & Freedman, B. (2006). Review Article. Mechanisms of Mindfulness. *Journal of clinical psychology*, 62(3), 373–386.
- Sherwood, P. & Edwards, S.D. (2009). Johrei energy healers' healing experiences. *University of Zululand Journal of Psychology*, 24(1), 3-21.
- Smith, D. W. (2008). Phenomenology. The Stanford Encyclopedia of Philosophy (*Fall 2011 Edition*), Edward N. Zalta (ed.). Retrieved on May, 01, 2013 from <http://plato.stanford.edu/archives/fall2011/entries/phenomenology/>
- Tausk, F., Elenkov, I. & Moynihan, J. (2008). Psychoneuroimmunology. *Dermatologic Therapy*, 21, 22-31.
- Terre Blanche, M., Durheim, K. & Painter, D. (2008). *Research in Practice; Applied Methods for the Social Sciences*. Cape Town: University of Cape Town Press.
- The Wild Divine Project (2006). Healing Rhythms (Version 1.0.1) [Computer software] with the IOM biofeedback hardware and finger sensors. Eldorado Springs, CO: Kurt Smith.
- Travis, F. (2014). Transcendental experiences during meditation practice. *Annals of The New York Academy of Sciences*, 1307(1), 1-8.

von Horsten, P. (2004, August). *Wilberian thoughts on the field of transpersonal psychology*. Paper presented at PsySSA, Johannesburg, South Africa.

Watson, T. & de Bruin, G.P. (2006). Getting under the skin: The inscription of dermatological disease on the self-concept. *The Indo-Pacific Journal of Phenomenology*, 6(1), 1-12.

Watson, T. & de Bruin, G.P. (2007). Impact of cutaneous disease on the self-concept: An existential phenomenological study of men and women with psoriasis. *Dermatology Nursing*, 19(4), 351- 364.

World Health Organisation (1997). Programme on mental health. [WHOQOL: Measuring Quality of Life - World Health Organization](http://www.who.int/mental_health/media/68.pdf). Retrieved on September, 21, 2013 from http://www.who.int/mental_health/media/68.pdf

World Health Organisation (2011), *Beijing Declaration*. 2008. http://www.who.int/medicines/areas/traditional/congress/beijing_declaration/en/index.html

Wilber, K. (1996a). *A brief history of everything*. Dublin: Gill & Macmillan Ltd.

Wilber, K. (1996b). *Eye to eye*. Boston: Shambhala Publications, Inc

Wilber, K. (2000). *Integral Psychology*. Boston: Shambhala Publications, Inc.

Wilber, K. (2006a). Excerpt G: Toward a comprehensive theory of subtle energies. Retrieved March, 21, 2013 from http://www.kenwilber.com/Writings/PDF/ExcerptG_KOSMOS_2004.pdf

Wilber, K. (2006b). Excerpt B: The many ways we touch. Three principles helpful for any integrative approach. Retrieved April, 21, 2014 from http://www.kenwilber.com/Writings/PDF/ExcerptB_KOSMOS_2003.pdf

ANNEXURES

Annex 1 - Letter of participation

Letter of participation

Title of Study: An investigation into energy healing in a group of psoriasis sufferers.

Name of Researcher: Nira Naidoo

Description of Study:

The purpose of the study is to evaluate the effectiveness of an energy healing programme on a group of psoriasis sufferers. The intention is to obtain participants' perspectives from both yourself and the group's experiences of energy healing. The group will meet once a week. Each session will be 90 minutes. The group will meet in the board-room at the Aryan Benevolent Home, Chatsworth. The programme will use a community psychology based approach in which the group identifies goals and the various energy healing interventions and modalities to be accessed over a five-week period. Feedback will be obtained through documented evaluations at the end of each session.

Risks/Benefits to the Participant:

Since this programme facilitates integral healing at the physical, psychological and spiritual domains through mutual agreement, no harm is envisaged. However, the healing process may illicit deep feelings and painful emotions. In the event support is needed or additional information and clarity is required, I may be contacted on:

Tel: 031 464 1666

Cell: 0829301473

Cost and Payments to the Participant: There is no cost for participation in this study.

Participation is completely voluntary and no payment will be provided.

Confidentiality: Information obtained in this study is strictly confidential and will only be viewed by my supervisors. All data will be secured in a locked filing cabinet and will be destroyed after the study has been accepted. Pseudonyms will be used to ensure your anonymity.

Participant's Right to Withdraw from the Study: You have the right to refuse to participate in this study and the right to withdraw from the study at any time without penalty.

Annex 2 - Consent form

Consent form

I have been completely informed regarding the nature of the study, as well as my participation in it. I hereby consent to participate in a one-on-one interview that is to be conducted by Nira Naidoo as a PHD Community Psychology Student, under the supervision of Professor J.D. Thwala and Professor S.D. Edwards, at the University of Zululand. I understand that by taking part in this study, I incur no risk of harm to myself and that I have a right to withdraw at any given time during the study, without any negative consequences.

Signed.....Date.....

Annex 3 - The Dermatology Life Quality Index

DERMATOLOGY LIFE QUALITY INDEX			
Hospital No: Name: Address:	Date: Diagnosis:	Score:	DLQI <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
<p>The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick ✓ one box for each question.</p>			
1. Over the last week, how itchy, sore, painful or stinging has your skin been? <input type="checkbox"/> Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all			
2. Over the last week, how embarrassed or self conscious have you been because of your skin? <input type="checkbox"/> Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all			
3. Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden ? <input type="checkbox"/> Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> Not relevant			
4. Over the last week, how much has your skin influenced the clothes you wear? <input type="checkbox"/> Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> Not relevant			
5. Over the last week, how much has your skin affected any social or leisure activities? <input type="checkbox"/> Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> Not relevant			
6. Over the last week, how much has your skin made it difficult for you to do any sport ? <input type="checkbox"/> Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> Not relevant			
7. Over the last week, has your skin prevented you from working or studying ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant			
If "No", over the last week how much has your skin been a problem at work or studying ? <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all			
8. Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives ? <input type="checkbox"/> Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> Not relevant			
9. Over the last week, how much has your skin caused any sexual difficulties ? <input type="checkbox"/> Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> Not relevant			
10. Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time? <input type="checkbox"/> Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> Not relevant			
<p>Please check you have answered EVERY question. Thank you.</p> <p>©AY Finlay, GK Khan, April 1992, This must not be copied without the permission of the authors.</p>			

Publication authorized by Prof. Andrew Y Finlay. Available through the website www.ukdermatology.co.uk.

Annex 4 – Ethical clearance certificate

UNIVERSITY RESEARCH ETHICS COMMITTEE

(Reg No: UZREC 171110-30)



UNIVERSITY OF ZULULAND

Website: <http://www.unizulu.ac.za>

Private Bag X1001
KwaDlangezwa 3886

Tel: 035 902 6887
Fax: 035 902 6222
Email: ManqeS@unizulu.ac.za

ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030 PGD 2013/30										
Project Title	An investigation into energy healing in a group of psoriasis suffers										
Principal Researcher/ Investigator	Niranjana Naidoo										
Supervisor and Co- supervisor	Prof. JD Thwala					Prof. SD Edwards					
Department	Psychology										
Nature of Project	Honours/4 th Year			Master's			Doctoral		x	Departmental	

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project proposal and the documents listed on page 2 of this Certificate. Special conditions, if any, are also listed on page 2.

The Researcher may therefore commence with the research as from the date of this Certificate, using the reference number indicated above, but may not conduct any data collection using research instruments that are yet to be approved.

Please note that the UZREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the documents that were presented to the UZREC
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UZREC in the prescribe format, where applicable, annually and at the end of the project, in respect of ethical compliance.

The table below indicates which documents the UZREC considered in granting this Certificate and which documents, if any, still require ethical clearance. (Please note that this is not a closed list and should new instruments be developed, these may also require approval.)

Documents	Considered	To be submitted	Not required
Faculty Research Ethics Committee recommendation	X		
Animal Research Ethics Committee recommendation			X
Health Research Ethics Committee recommendation	X		
Ethical clearance application form	X		
Project registration proposal	X		
Informed consent from participants	X		
Informed consent from parent/guardian			X
Permission for access to sites/information/participants	X		
Permission to use documents/copyright clearance			X
Data collection/survey instrument/questionnaire	X		
Data collection instrument in appropriate language		Only if necessary	
Other data collection instruments		Only if used	

Special conditions: Documents marked "To be submitted" must be presented for ethical clearance before any data collection can commence.

The UZREC retains the right to

- Withdraw or amend this Certificate if
 - Any unethical principles or practices are revealed or suspected
 - Relevant information has been withheld or misrepresented
 - Regulatory changes of whatsoever nature so require
 - The conditions contained in this Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project

The UZREC wishes the researcher well in conducting the research.



Professor Rob Midgley
Deputy Vice-Chancellor, Research and Innovation
Chairperson: University Research Ethics Committee
27 May 2013

CHAIRPERSON
UNIVERSITY OF ZULULAND RESEARCH
ETHICS COMMITTEE (UZREC)
REG NO: UZREC 171110-30

27-05-2013

RESEARCH & INNOVATION OFFICE