CREATIVE EXPRESSION AND SELF-HEALING

TECHNIQUES IN THE TREATMENT OF ASTHMATIC CHILDREN

A thesis submitted in partial satisfaction of the requirements for the degree of Master of Science in Recreation and Leisure Studies

by

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Non-traditional approaches to personal integration have been employed by researchers as a method of non-medical healing, with mysticism and physics drawn closer together in the same scientific field of study (Coxhead: 1976).

The approach to personal change presented in this study is based on the position that through healing, as a creative force, an individual can attain integration on all levels of being (including the body, mind, and spirit), promoting a higher level of personal integration (Svihus and Johnson: 1977).

Research and speculation suggests that the asthmatic condition may be due to the emotional nature and attitude of the individual, along with parental and environmental influences.

The intent of this study is to examine the use of play and the channeling of energy, as a non-traditional therapeutic
approach as a means for alleviating the symptoms of the asthmatic child.

The author maintains that healing energy can be directed by thought towards healing or improving a particular health condition, with each person having the ability to heal him/herself. The ability to heal is often obscured due to blocks in the unconscious. The removal of these obstructions is the beginning of the healing process, with creativity viewed by the author as a healing force. Play, as creative expression, can be a means for realizing the healing potential.

Two case studies are presented. They provide a profile of two asthmatic children and their participation in play oriented exercises. Seven sessions, using visualization, Tai Chi, and art therapy techniques, comprise the methodological features of the study. Interpretations of the series of drawings produced by the children are reviewed, along with the subjects' responses to the other exercises.

While evaluating the youngsters progress during the two month study period, it became apparent that parents and siblings are an intricate part of the child's environment. Because parents were purposely not included in the sessions, their interference disrupted the original study plan. For this reason the results of the study do not lend strong support to the use of self-healing techniques in the treatment of asthmatic children, although some success was
demonstrated using play as a means for self-expression with subsequent emotional release.

The use of a parapsychological approach to alleviating the symptoms of asthma in a child seems to require an intense one-to-one correspondence with the asthmatic and his/her immediate family. This correspondence does not lend itself to a casual treatment setting.
CHAPTER 1

THE PROBLEM

Recreation has been traditionally thought of as activities that provided relaxation from work, assisting one to restore himself for more work. The motivation for such activity was thought to be stimulated by pleasure, viewed as mainly diversional in nature.

Such a limited view of recreation has not allowed for the satisfaction of such activity for personal needs and/or values. A revised approach to recreation recognizes the need for the development of a person's well being through recreation pursuits (Kraus: 1977).

The field of Therapeutic Recreation recognizes the value of recreation in providing therapeutic benefits for all persons, contributing to one's physical, mental, emotional, and social well being (O'Morrow: 1976). Recreation is viewed as a part of living that provides benefits to the whole person, or total personality (O'Morrow: 1976).

This whole person concept has gained increasing recognition in an area referred to as Wholistic Health. Here the term wholistic refers to a state of being in which a person is integrated
at all levels of his/her being, including the body, mind, and spirit (Svihus and Johnson: 1977). Svihus and Johnson (1977; pg. 12) believe that through healing, as a creative force that is universal and within the individual, one can attain such integration on all levels of being, promoting a higher level of personal integration.

This non-traditional approach to personal integration has enabled individuals to employ methods of non-medical healing, gaining increasing support in many countries. Governments are beginning to respect research involving parapsychology, investing in this form of inquiry through grants and foundations (Douglas: 1976). France, Germany, Sweden, Italy, Poland, Russia, Japan, Czechoslovakia, Canada, and United States have all made important contributions to parapsychology research (Douglas: 1976), with attention directed towards clairvoyance, telepathy, precognition, psychokenesis, out-of-the-body travel, and others (Coxhead: 1976).

Historically, most experiments in parapsychology have taken the form of demonstrations, rather than repeatable experiments; the validity of this form of inquiry being challenged. However, in recent years, measureable data have been produced through the development of more sensitive instruments, which measure the electrodynamic forces that affect all living things. Mysticism and physics are being drawn together in the same scientific field of study (Coxhead: 1976). Invisible energy states (auras, radiation photography, bio-electronics, bio-magnetics) are being investigated through research.
With this activity increasing, it seems prudent to examine some of the non-medical models as potential vehicles for therapeutic intervention.

Some success has been achieved by Burke (1979; pg. 67), in her work with chronic schizophrenics. A wholistic training group and a social skills training group were compared and presented in the Burke study. Because there were no measureable differences in changes of social skills between the two groups, Burke (1979; pg. 69) concluded that both techniques were equally effective.

Because research in parapsychology is gaining acceptance with its application as a non-traditional approach having been demonstrated with some success, it seems relevant to investigate other non-traditional approaches in the treatment of asthma. It is the aim of this author to study other non-traditional approaches including visualization, actualism, Tai Chi, and art.

Prior to developing this study the author participated in various courses and institutes involving these non-traditional techniques. They included Gestalt Therapy Institute Workshops, with special attention given to Art Therapy. The Gestalt approach is one in which the person and his/her art are viewed as one, with various aspects of the picture depicting aspects of that individual. The author had used art therapy techniques for six years at various psychiatric facilities.

The author also participated in a six week "Laying-on-of-Hands" training course through the California State University system. The
author also attended several follow-up sessions at the Star Center, an institute that teaches various Actualism techniques. Actualism is a teaching which exposes the individual to the evolutionary process and purposes of man/woman. The person learns to channel the energy or light from within, into various aspects of that person's life. Eventually, the use of this tool is integrated into all areas of life (Metzner: 1971). These techniques were applied subsequently in her work with alcoholics at a California State Hospital.

Weiss (1977) states that energy systems are composed of light energy emanating within the body and extending to a thirty foot radius beyond the body (Weiss: 1977). Weiss further states that this energy field surrounds all things that exist in the universe, animate or inanimate, material or non-material. This field emanates from within the center of the physical body and extends beyond its physical boundaries (Weiss: 1977).

Energy fields emanate from within various body centers (also called "chakras" by the yogis). Energy centers are defined as:

points in which psychic forces and bodily functions merge into each other or penetrate each other. They are the focal points in which cosmic and psychic energies crystallize into bodily qualities, and in which bodily qualities are dissolved or transmuted again into psychic forces. (Govinda: 1960 as quoted in Metzner: 1971; pg. 37).

These energy centers have a central axis, which is the spinal-column (Metzner: 1971). These centers are responsible for various physical and emotional functions within the physical body,
and their effects outside that body or external environment (Weiss: 1977).

Seven centers have been identified, (Organizational Center, Solar Plexis Center, Physical Heart Center, Thymus Center, Throat Center, Midbrain Center, and Top of the Head). Each center is associated with a specific color, with each color ranging in intensity from high frequency to low frequency state. This concept of color frequencies appears to be similar, if not the same as the color spectrum as it is conventionally known (Field Enterprises Educational Corporation: 1962). High frequency energy results in positive states of emotional and/or physical wellness, and low frequency energy in states of physical and/or emotional disorders. When these various color energies are channeled through the body, it is speculated that high frequency energy will "burn out" any existing low frequencies (Metzner: 1971, Weiss: 1977).

Such channeling can be achieved through the "laying-on-of-hands," in which the high frequency of the healer is channeled through the energy body of the recipient. Whether the channeling takes place between two individuals or is performed by the individual him/herself, the process is one in which thought directs the energy (Weiss: 1977). Individuals are capable of initiating healing states within themselves. However, depending on their thought processes this may or may not occur with low energy states resulting from negative thoughts and well states following positive
thoughts (Gawain: 1978, Weiss: 1977). When one individual lays on hands, the receiver is facilitated in utilizing his/her own healing potentials. When the person no longer thinks of the self as "ill," thought directs energy towards becoming or being well. A person is then responsible for his/her own wellness (Loomis: 1975).

Creativity has been defined by Olsen (1977; pg. 76) as an energy flow which can assist the individual to become aware of repressed thoughts and feelings in the unconscious, with such emotional repression manifesting itself through various physical disorders. Through awareness of the unconscious, she states that the healing process is facilitated.

Katz has written, that creativity is the manifestation of what is experienced or felt internally, observing that during a creative experience the individual seems to transcend to a different level of consciousness (Katz and Errión: 1977; pg. 9). At this level of involvement, the person may feel a oneness with life and the universe. Loomis (1975) and May (1977) view creativity as an energy force, with an individual feeling an exchange or flow with the universe. During this exchange, the person emits energy from within his/her body and receives the universal energy that is outside the body. Loomis also states, that creativity, in facilitating the discovery of the self also contributes to a healing process. Olsen (1977; interview) has been successful in utilizing art as creative expression designed to promote states of wellness.
Play, as creative expression, can be a vehicle for achieving states of wellness (Winnicott: 1971). Winnicott (1971: pgs. 53-64) writes, that it is through play, and he believes possibly only through play, that a person is free to be creative. He further states, that it is only through creativity, that one discovers the self.

Play is viewed by some (Butler, Gotts, and Quisenberry: 1978) as being necessary throughout life, changing in form as individual needs change. Persons learn to vent emotions through play, using play to express themselves creatively.

For the purpose of this study, play will be considered as a vehicle for creative expression.

If this rationale is sound, that creative expression (through play) may contribute to the healing process, then it would seem logical that persons with selected disorders would benefit from a play approach to therapeutic activity.

One such disorder is asthma. From a medical orientation, asthma is brought about by one or a combination of three reasons: (1) direct trauma, (2) immunology, and/or (3) emotional or structural/psychogenic threats (Schwartz: 1960).

Little is known as to why some individuals recover quickly from a disease such as asthma, and why others carry the illness through adulthood. Investigators (Apley: 1968, Chong: 1977, Schwartz: 1960) have implied that there are different degrees and
types of asthma which determine the course of recovery, while others (Goldstein: 1978) explain it as spontaneous remission.

Drawing from the above discussion of healing, this author regards recovery as a person's ability to realize the healing potential that exists within the self and to use that healing energy to achieve a state of wellness.

Authorities (Metzner: 1971, Weiss: 1977) have stated that disorders, such as asthma, can be alleviated or eliminated by repeatedly channeling high frequency energy through the body. According to the Actualists (those who practice the theories of Actualism), when the relationship of the body organs or relationships within a person's life are "upset," it is an indication of an imbalance in the energy field. The emotional-relationship center, earlier referred to as the Physical Heart Center is blocked from receiving high-frequency energy, causing an accumulation of low-frequency energy in that area. Such blockage occurs when a person is not permitted or does not allow for expression of various emotions (Weiss: 1977).

The areas of the body predominately affected by asthma are the bronchioles, throat, lungs, and heart (McMillan, Neiburg, and Oshi: 1977); the heart and lungs being the focal area of the emotional-relationship center (Weiss: 1977). The asthmatic reaction is most often the result of allergies and/or emotional-physical upset. An allergy is the inability to process stimuli taken into the body by means of inhaling, infection and/or skin contact (Schwartz: 1960).
Low frequency obstructions which result in asthma and other disorders can be "burned out" and assimilated or absorbed into the energy field, applying the principles of energy fields, by channeling the specific energy that corresponds to the emotional center, alleviating the asthmatic condition (Metzner: 1975, Weiss: 1977).

As stated previously, when creative expression becomes a channel for awareness of one's healing potential and when play and the channeling of energy are used simultaneously in treating the asthmatic individual, such energy could affect a change in his/her energy field, thus alleviating the asthmatic symptoms.

Thus, it is the intent of this study to examine the use of play and the channeling of energy as a means for alleviating the symptoms of the asthmatic child.

Because of the limited investigation of the concepts, an exploratory examination of the subject seems to be the most appropriate method of inquiry.
CHAPTER II

REVIEW OF THE LITERATURE

The author recognizes that much of what has been written on energy fields and healing is speculation, due to the abstract nature of the subject matter and due to difficulties in testing. However, this should not deter one from investigating these subjects. Following is a review of the literature based on both speculation and fact, with factual information specifically noted.

Energy Fields

Evidence of the existence of energy fields has been documented back to the time of Christ (LeShan: 1966), with the acknowledgement of the physical and spiritual body being cited in the New Testament. The spiritual body has been referred to by the Yogis as an Astral body, an exact counterpart of a person's physical body (Karagulla: 1967). According to LeShan (1966; pg. 281), the term aura has been used in reference to this energetic field, dating back to medieval times. Some have speculated (Karagulla: 1967) that artists have seen these energy fields and reflect this in their paintings. Artists of the church depicted various figures with a field of light surrounding their head and whole body.
Karagulla (1967; pg. 79) has written that Christ has been portrayed through art with a halo of light around his entire body.

Victor Inyushin (as quoted in Moss: 1974; pg. 23-25) theorized that all living things have a physical body and a spiritual energy body, with this energy body consisting of a substance referred to as bioplasm. This plasma he considers as a fourth state of matter,¹ which exists throughout the universe, suggesting that the sun has the same composition. The Ancient Yogis similarly believed in an invisible energy, which infuses the universe, also believing it was the same composition as the sun. They referred to this substance as "prana" (Moss: 1974). The belief that the universe is composed of energy, not matter, is further speculated by Gawain (1978; pg. 17). She writes that we are all part of one energy field, with that energy vibrating at different rates.

Moss speculates that even though the physical body has been destroyed the energy or "phantom" body remains. Moss (1974; pg. 305) further describes this energy body as a second body which inhabits the physical, or first, body. She believes that this second body is generally invisible to others. The composition of this energy body, she states, is thought to be weightless, making it possible for this body to penetrate walls.

This belief in energy fields has been further subscribed to by

¹The first three states of matter are gas, liquids and solids.
writing that a person has an organizing field that is dynamically polarized. Weiss (1977; lect), in following the teachings of Russell Schofield, contends that each person is surrounded by an energy field which emanates from within and extends out to a thirty foot radius beyond the body.

Visible evidence of such fields has been documented through a process known as Kirlian Photography. This electrical photographic process has revealed vast differences between organic and inorganic materials, suggested by the photographic differences in their energy fields. This technique suggests, that all matter is composed of energy, with this energy being visible through this technique. Such visible evidence further suggests that a flow of energy exists, implying interaction between humans and their environment (Moss: 1974).

Those who support this concept base their position on the theory that electrons and ions are constantly changing according to the condition of the organism (Moss: 1974). A "phantom" body has been described by Moss (1974; pg. 26). Through Kirlian photography she discovered that when part of a leaf has been cut away the removed part can still be photographed. Adamenko (as quoted in Moss: 1974; pg. 27) believes there is a possible correlation between the invisible energy body seen in Kirlian photography and the energy body that exists in man.

Walter Kilner (1911 as quoted by Leshan: 1966; pg. 223)
had an interest in x-ray which allowed him to investigate certain emanations that surrounded the entire body. Through a process known as Dicyanine, which is coal-tar dye, he was able to observe an energy body which closely followed the contour of the physical body. This outer energy field he described as extending one foot or more outward from the body. Kilner claimed that individuals show modification in their energy fields according to various experiences encountered during the day.

Karagulla (1967; pg. 147) claims that several well qualified doctors have seen such energy fields, independently describing these fields with a high degree of correlation. Persons with higher sense perception (called "sensitives") have described interpenetrating fields around humans. Their descriptions have produced a model, that was later developed and includes: (1) a vital field, which is closely related to the physical body, (2) an emotional field, which extends twelve to eighteen feet beyond the body, and (3) a mental field, extending two or more feet beyond the periphery of the physical body (Karagulla: 1967). Observations by Karagulla (1967; pg. 159) seem to have shown that certain activities, ideas, and experiences increase the flow of energy into a person's field. Subsequently, Loomis (1975; pgs. 27-28) has similarly identified these fields, labeling them as (1) physical, (2) emotional, and (3) mental. He further believes that they vary in intensity and color, according to the intensity and nature of emotions and thoughts or physical state.
Karagulla (1967) further reports that others with higher sense perception describe vortices of energy at certain points along the spine, with these points affecting the endocrine system in varying ways, depending on the condition of the body. Corresponding to various points along the spine, Schofield (Metzner; 1971; pg. 158, Weiss, 1977) identified seven centers along the central vertical axis (or spine). These centers include (1) Organizational Center, (2) Solar Plexes, (3) Physical Heart Center, (4) Thymus Center, (5) Throat Center, (6) Midbrain Center, and (7) Top of the Head. Each center is said to be responsible for various functions, with various energy frequencies and colors associated with each center. It is speculated that blockage to one of these energy centers, manifests itself in the internal and/or external environments of the individual. (See appendix I for more detailed descriptions and techniques utilized for working with these centers.) For example, the Physical Heart Center is responsible for the maintenance of the physical and emotional body. This maintenance is achieved through a balancing of the emotions, personal relationships, and the physical organs. An emotional problem may cause an imbalance in the physical nature, or a physical problem may manifest emotional problems. This center would be most responsible for healing associated with the asthmatic child (Weiss: 1977). "Chakras" is a term used by the Yogis to likewise denote these seven centers and their functions (Loomis: 1975, Metzner: 1971).

Literature suggests that people have the ability to affect changes in their energy field, thereby controlling states of health and disease.
Loomis (1975; pg. 26) writes that a person is a product of the evolutionary process, with this process manifesting itself through different types of energy. Karagulla (1967; pg. 17) states that a person evolves in such a way as to develop abilities for "Higher Sense Perception." Such abilities enable a person to manipulate his/her energy field. A person's concept of the world (previously identified through the five senses) is no longer valid. Acquiring a higher sense perception allows one to experience expanded awareness (LeShan: 1966). Brain areas that have previously been considered as non-functional are now considered as having the potential to be developed. Such brain function has been recognized by members of the psychiatric and medical communities as a number of states of consciousness, which can be identified and evaluated (Karagulla: 1967). LeShan (1966; pg. 100) has suggested that there are various facets of an individual, some of which are unrealized and unexpressed. This repression may be one reason that society is so disturbed, with individuals lacking the knowledge of the essential unity of human kind (LeShan: 1966).

Metzner (1971; pgs. 145-46) believes that the unconscious has created barriers to self-knowledge, with fear being one of the greatest barriers. Through expanded awareness, a person can be elevated to higher states of consciousness, thereby becoming increasingly more aware of knowledge repressed in the unconscious (Metzner: 1971). Jung (as quoted in Metzner: 1971; pg. 146) referred to this as the "collective unconscious." It is at these
higher levels of consciousness that a person is capable of transforming energy (Metzner: 1971).

Gawain (1978; pg. 18) writes that thoughts and feelings have their own magnetic field. Thought, as a form of energy, precedes any manifestation. Therefore, individuals attract into their lives that which they think, behave, or expect. As such, more positive thoughts, as positive energy, attract more positive manifestations of behavior (Gawain: 1978).

Metzner (1971; pg. 157) similarly states, that "thought directs energy," which is the basic law of Actualism, as developed by Russell Schofield (1969 as quoted by Metzner: 1971; pg. 157). Two laws that follow state that (1) energy follows thought and (2) energy can be directed and focused where needed. One thinks of a thought-form, then manifesting itself as energy. Actualism techniques teach the person to channel, direct, focus, and concentrate energy flow into and throughout one's own energy system, than to other systems (Schofield: 1961 as quoted by Metzner: 1971; pg. 148). The individual then becomes, as a two-way transformer of energy, and can create changes in the outside world (Metzner: 1971).

Karagulla (1967; pg. 162) notes that certain individuals, which he calls "sappers," are not capable of utilizing energy from surrounding energy fields. They take "pre-digested" energy from people in their immediate environment. He has described them as very self-centered individuals, who have closed energy fields. The
"sappers" may be unaware of this process, with the individual who is the energy source similarly unaware. Such a process may leave such an individual exhausted, instinctually wanting to get away. Karagulla further states that the energy host often returns to the interaction due to guilt, as there is no apparent cause for this exhaustion.

Some individuals seem to pull energy from anyone in their environment, while others seek only certain individuals. This pull of energy usually occurs from the weakest vortice of energy, with the affects of such pulling noted in the physical energy body of the energy host. A person with a weak heart may feel pain at the heart. Experiments and observations confirm such effects (Karagulla: 1967).

A psychological evaluation of the sapper reveals a person who may appear to be altruistic, talking frequently about his/her concern for friends and acquaintances who are the energy hosts. The person is usually very self-centered. Compulsive talking, the steady focusing of ones eyes on the energy host, or simply being physically close to the energy host are various methods for pulling energy (Karagulla: 1967). Tales about vampires are believed by some to represent the process of the sapper, with the vampire's draining of his prey's blood representing the drain of an individual's energy.

Summary

Literature seems to suggest the presence of energy fields,
manifested as a universal force, as well as a force that surrounds all beings and all things. Authors have speculated that this energy exists as a fourth state of matter, sometimes classified as one's energy body, surrounding the physical body.

Although, much of what has been written about energy fields has been speculation, some scientific support has been given to this argument, through a process known as Kirlian Photography. This method has enabled researchers to photograph this previously invisible energy, often referred to as an "aura."

The author supports the view that energy is directed through one's thoughts, attitudes, and style of living, suggesting the possibility that energy can be directed according to one's will. Therefore, if one wills him/herself to be well, energy will be directed towards achieving that state.

HEALING

This concept, of directing energy to benefit others, helps to explain the phenomenon of the work of "healers."

As far back as 500 B.C., Yogis have reported the existence of healing energy, or "prana," which was directed at the sick through various techniques. The term "thought-force" was used to describe a cure, believed to be affected by the power of the mind. The Egyptians and Christians depicted healing through ancient rock carvings. In the Bible, Jesus was described as healing through the "laying-on-of-hands." The Greeks believed that healing could be
transferred, just as disease could be transferred (Moss: 1974). In the twentieth century, such techniques have flourished, under the names of "Mind Control," "Yoga," "Zen," "Biofeedback," and "Transcendental Meditation" (Moss: 1974).

In almost every civilization one can find evidence of an invisible energy that could be directed toward the treatment of the sick. This energy has been thought to heal directly, without the assistance of additional techniques. This energy has generally been classified into three areas: (1) healing through the laying-on-of-hands, (2) healing by the power of thought and/or visualization, and (3) healing at a distance (Moss: 1974).

In laboratory studies conducted by Dr. Barshay (as quoted by Moss: 1974; pg. 50), patients described various sensations, such as intense heat from the hands, a tingling or a force entering them, and a general sense of well being following treatment. Successful results have similarly been documented through the use of healing through visualization and healing at a distance, by psychic Harold Sherman and Katherine Kuhlman (19, 19 as quoted by Moss: 1974; pgs. 64-67).

LeShan (1966; pg. 112) has written of such healings, describing the process as a flow or sphere of energy. The energy is thought to pass through the troubled area, resulting in cure. Two types of experiences have been reported. With one type, the healer sees him/herself as the originator of the healing power, and the second type, as the transmitter (LeShan: 1966).
LeShan (1966: 223-224) reports that George Starr White (1928) in *The Story of the Human Aura*, wrote of observed changes in the energy field, relative to disease and health. Kilner (1911 as quoted by LeShan) similarly conducted experiments in this field, related to cases of diseased conditions.

LeShan suggests that one theory explains that such healings occur when the healer and the recipient are on the same level of consciousness, in which the two actually merge as one entity.

The Actualists, when writing about consciousness, (Schofield: 1969 as quoted by Metzner: 1971; pg. 142) utilize a technique known as the "inner fire," taken from the "Agni Yoga," to bring light into what appears as darkened areas or obstructions to consciousness. The consuming aspect of this "fire" is then used to mentally "burn out" or eliminate obstructions to the free flow of energy from within (Schofield: 1969 as quoted by Metzner: 1971; pg. 143, Weiss: 1977).

Another theoretical orientation (Loomis: 1975; pgs. 107-108) contends that love is the healing and creative force in the universe. Loomis concludes that if a healer loves strongly enough, he can break through barriers of resistance, thereby producing a healing state. LeShan (1966; pg. 166) writes that there is a force in man which emerges to bind him together in harmony, expressing itself as love. This theory, subscribed to by Loomis (1975; pg. 14), states that final healing must come through the realization of love.

Another theory offered, for the occurrence of such healing, is
that of "spontaneous remission," in which the person, for some unknown medical reason, spontaneously recovers from the disease (Moss: 1974).

All theoretical orientations subscribe to the premise that the potential for disease lies in one's own attitudes and values. It is suspected that in order for bacteria to infect the body, the person, somehow has to allow the bacteria to act in the body (Weiss: 1977).

Every organism has an innate force acting within it, that tries to heal itself, if given the opportunity and proper conditions (Loomis: 1975). The role of the healer, then, is to teach an individual how to facilitate his/her own healthy state. But in the end, the healer is not responsible for the cure of a disease (Weiss: 1977). Loomis (1975; pg. 207) writes that the work of the healer is to help one needing healing to open himself to the presence and activity of healing power. Apparently, the authors contend this power is always existent, and once realized, becomes part of one's consciousness.

Johnson (1977; pg. 13) believes that neither the physician nor the healer actually cures anyone. The physician merely facilitates or stimulates the healing process that already exists in the patient. He argues that an individual as a creating entity, creates health just as he/she creates disease.

Disease is said to begin with one's basic attitudes and values, then manifested in a person's lifestyle, body energies, and
disease of the physical body (Svihus: 1977). Gawain (1978; pg. 19) agrees that an individual is ultimately responsible for the health state which is manifested, with that manifestation frequently occurring on an unconscious level. Responsibility for health then should be given to the person, concludes Svihus (1977; pg. 15).

Four essential attitudes have been identified in the healing process by an Indian medicine man (as quoted by Loomis: 1975; pg. 4) which include: (1) a desire to be healed—a reason to be well, (2) faith that he/she can be well, (3) forgiveness of anyone the individual has injured, and (4) change his/her lifestyle. It is further regarded by the American Indian (as quoted by Loomis: 1975; pg. 4), that a feeling of oneness with life must be present.

A confidence in life must be instilled, states Loomis (1975; pg. 8), rather than confidence in death. Illness then is thought to be accompanied by feelings of isolation, hurt, lack of understanding, with a need existing for love and appreciation.

Four steps have been established by Loomis (1975; pg. 162) in directing the individual towards recognizing and opening up the self including (1) risk, (2) opening the door of the self, (3) communication, and (4) trust. Various means for achieving these goals can be suggested, including relaxation and meditation.

Real therapy or healing is said to begin when one recognizes that everything that occurs is significant (Loomis: 1975). Illness can become an opportunity for examining one's body, mental outlook, and emotions. Questions that one can ask are: (1) Why did this
illness come at this particular time? and (2) Does it have a certain lesson to teach? (Loomis: 1975).

Physicians, psychologists, ministers, and therapists that work together as a healing team, recognize that the individual is also a part of that team (Loomis: 1975). An individual becomes aware that it is not just his problem, but that of the total team (Loomis: 1975).

In order for an individual to participate as part of such a team, there is a need for individuals to become healing oriented, adding that society has thousands of ways of depicting illness, but few descriptions of health (Villoldo: 1978; Symposium).

Health of the body and mind then is dependent on proper conditioning, orienting individuals to believing they are part of something greater (Loomis: 1975). Albert Einstein (as quoted by Loomis: 1975; pg. 24) stated, that

> every energy system in the universe is linked to every other in a unified field . . . establishing a daily relationship with it, becomes a constant source for renewing our own energies.

In order to attain optimum health, one must rediscover a natural harmony of mind and body. This natural state is often obscured by attitudes or activities that take place in the mind and/or body. To rediscover that natural state, man must begin to redefine his views of health (Loomis: 1975).

Health has been defined as the absence of disease, of a
negative state. Redefining it, health is said to be a "powerful state of potent ongoing awareness and growth" (Loomis: 1975). Health is an active, dynamic, vital state. Healing then becomes a restoring or return to the natural state, that has always existed. Health becomes dependent upon a balance between the emotional and mental natures (Loomis: 1975).

As an example, the Tao view of life maintains that there is a balance in life of positive and negative charges, with this duality depicted as the "Yin" and the "Yang," or male and female. This duality exists in the physical world, with necessary fluctuations occurring to maintain a balance between health and disease (Loomis: 1975).

To see man as healthy appears to be the ability to see him in his total environment, allowing man to be the master of his body rather than being ruled by it (Loomis: 1975). The physical, mental, and spiritual systems all become sources for energy. When one is viewed as an integration of these three systems, then his natural immunity and tendency to recover is reinforced (Loomis: 1975). This type of approach to health has been referred to as "Wholistic Health," in which the individual is considered in all aspects of his/her life (L.A. Times: 1977).

SUMMARY

The concept of healing energy as presented in the literature is depicted as a force that can be directed towards illness.
Authors have suggested that an ability to heal oneself is a potential that is inherent in all persons, a notion that is subscribed to by the author.

Further, they state that sometimes this ability has been obscured or blocked within persons, requiring a facilitator, or healer, to assist the individual to rediscover this healing potential.

In allowing a person to heal him/herself, that individual is given the power to be responsible for his/her total being, including one's physical, mental, and spiritual nature. A wholistic approach to health then is one in which a person is viewed within his/her total environment.

CREATIVITY

One of the greatest means for achieving and maintaining health is by facilitating self-expression, in an effort to validate oneself as he/she is (Loomis: 1975). When self-expression is facilitated in some concrete form, one's creative center is said to be manifested (Loomis: 1975). This creative energy, considered a healing power, moves the individual in the direction of healing oneself or health state (Loomis: 1975). Every person, as a unique expression of creative energy, contributes to the total life force of the universe (Loomis: 1975). Sorokin (as quoted in Loomis: 1975; pg. 179) is noted as saying that "creativity is the great cohesive force of the universe." Rollo May (1975; pg. 33) views the
creative process as the highest form of emotional health. By bringing into consciousness that which is unconscious, one experiences an increased awareness, contributing to the wholeness or health of the individual (Loomis: 1975, May: 1975). Freud (as quoted by Luca: 1977; pg. 16) also contends that creativity provides an outlet for unconscious, unsatisfied energies. Carl Rogers (as quoted by Luca: 1977; pg. 16) views this form of expression as self-fulfillment and self-actualization.

Olsen (1977; pg. 76) views creativity as an energy flow, composed of energy of a subjective nature and objective nature. She hypothesizes that creativity is an energy, which when inverted can manifest itself in certain negative behaviors and/or states. Creativity encompasses a variety of sensory forms, some of which are visible. Its two-fold nature is realized within the individual and extends out of the body towards others. Olsen suggests that persons perceived as uncreative are those whose natural flow of energy has been blocked. These blockages may be of a physical, emotional, and/or psychological nature. An individual's creative growth then is directly affected by the creativity expressed by persons in one's environment.

Olsen (1977; pg. 77) further states that it is possible to release these blocks by assisting such persons to become aware of them and then facilitating their removal. She has observed individuals' discovery of deeper levels of sensory awareness via the expression of art. In perceiving the individual and his/her art as
a whole, she found that one begins to become aware of blocks in various areas of behavior.

Thomas Szasz (as quoted by Olsen: 1977; pg. 78) has raised similar questions, maintaining that removal of blocks to creative flow enables communication and an awareness of and relationship to one's environment. In giving one a sense of the essence of creativity, frustrations due to blocks in this flow can be inverted (Olsen: 1977).

Since each individual has his/her own way of expressing creative energy, there exists several means for pursuing creativity. Various areas of sensory awareness may be included and permitted in this pursuit. When this ability to create is released, an individual will continue to create spontaneously (Olsen: 1977).

Creativity extends beyond expression of a mere object. It includes the entire process experienced in developing that product (i.e., painting), when a structure for discovery and appreciation is created (Luca: 1977).

Bruce O'Klein (1977; pgs. 23-8) maintains that successful creative growth is an outcome of a sense of power and control of the environment. He further believes that creativity involves discipline, risk taking, and a willingness to drop old habits. Loomis (1975; pg. 171) holds that the achieving of wholeness or health is dependent upon self-discipline of the mind through various creative channels.

As control of the environment is experienced through various
creative channels, feelings such as fear and indecision are replaced by a sense of power and increased security. This sense of power then increases one's self-competency and self-esteem (O'Klein: 1977).

O'Klein (1977; pg. 43) suggests that four social dimensions are realized through creative expression, including actualizing one's power by acting on norms that are believed to be legitimate, engaging in meaningful behavior, increasing social competency, and replacing feelings of failure through self-actualizing activity.

Errion (1977; pg. 47) postulates that every individual has a creative potential. Expansion of one's field of consciousness, development of new skills, and maturity all result when life is confronted in a creative way. Errion (1977; pg. 48) further contends that the creative act involves the expression of one's inner need to affirm and proclaim one's uniqueness. Awakening of the self and a desire to communicate this with others are benefits that result from such creative expression.

Eslinger (1977; pg. 63) states that involvement through the visual arts is relevant to all human beings. Parents, school, and the community tend to place high expectations on the individual. When a person fails to meet these expectations, withdrawal and passivity results, accompanied by feelings of helplessness (Eslinger: 1977).

Katz (1977; pg. 9) writes that "creativity is the outward
manifestation of what is felt internally" finding outlets for this creativity in painting, sculpture, music, dance, and poetry. Such expression is a reaction to what one sees or experiences in the environment, stimulated by inner feelings, moods, and/or sensations. Luca (1977; pg. 15) states that such expression exists in everyone, manifesting itself in a variety of ways. Luca (1977; pg. 22) supports the contention that individuals are constantly seeking stimulation, with this need being satisfied through creative expression.

Stoll (1977; pgs. 59-65) has made some assumptions about visual creative arts. She maintains that art expression transcends words, in identifying feelings and emotions, and in communicating them to others. It is a process of getting in touch with the self, developing an appreciation for one's individuality. Loomis (1965; pg. 168) agrees that non-structural forms of art can be helpful in the discovery of the self, contributing to the healing process. He contends that the perception of oneself begins to change as one's art changes, indicating renewed physical, psychological, and spiritual health.

Winnicott (1971; pg. 54) has written that play is vital, as it is in play that a person is creative. He has suggested the use of play in therapy, with the ability to play essential for both the therapist and client. When this ability is realized, play becomes a means for discovering the self.
Butler, Grotts, and Quisenberry (1978; pgs. 14-17) have quoted Freud as defining play as a means for communication and expression. They note Piaget's view of play as a means for the child to develop cognitively and physically. Lorenz views adults as also needing play as a vehicle for achieving balance in their lives. They summarize that play is viewed in many forms, changing as the need changes.

Butler, Grotts, and Quisenberry continue that children play in an effort to deal with their environment, trying to understand themselves in terms of their physical and social environments. Play allows children to vent their feelings, thus learning how to cope with various emotions.

Therefore, it is believed that children play in order to express themselves creatively (Winnicott: 1971).

**SUMMARY**

Creativity has been described as a healing power, with the process of self-expression releasing blocks to wholeness and/or health, through awareness of the unconscious.

Fear, indecision, and feelings of helplessness result when a person lacks the ability and/or confidence to express him/herself creatively. When the creative process is facilitated, a person begins to experience a sense of power and control of the environment, with these feelings moving the person in the direction of health.

Play then becomes a means for discovering the self and when
prevented can contribute to emotional, physical and mental imbalance. Play, as creative expression, allows for the free-flow of emotions, with this emotional release triggering the healing response.

**ASTHMA**

Hippocrates (400 B.C. as quoted by Schwartz: 1960; pgs. 3-7) was said to have described asthma in 400 B.C. as a difficulty in breathing, referring to it as a mass of material, some of which was believed to be bronchial asthma. Hippocrates' definition suggested a relationship between asthma and emotions. He believed that if he were to control his own condition, then he must "go against his own anger."

Schwartz (1960; pg. 3) writes that the earliest reference to asthma as an allergic phenomenon was in 1565. No reference to asthma exists prior to that time, probably resulting from medical practitioners' accepting it as a part of life.

Schwartz notes that in 1819 the first scientific description of hay fever was presented to the Royal Medical Surgical Society of London, by John Bostock. It was later written, in 1829, that the cause was due to aroma emitted from flowers and grasses. Following this description, observations of dermatitis were described, along with hay fever and asthma, ascribing these conditions to animal emenations. Such observations were followed by experiments with pollen, as a cause of hay fever. Soon after, a study conducted by Hyde Salton (1864 as quoted by Schwartz: 1960; pg. 9) concluded,
that asthma was primarily due to hereditary factors. Sir John Floyd (as quoted by Chong: 1977; pg. 74) similarly referred to it as "hysteric asthma." In 1898 it was reported that asthmatics could reproduce such symptoms if told to do so (Chong: 1977).

A current definition of asthma, accepted by the National Tuberculosis Association, states that:

• • • a disease characterized by an increased responsiveness of the trachea and bronchi to various stimuli, and made manifest by difficulty of breathing due to generalized narrowing of airways. This narrowing is dynamic and changes in degree, either spontaneously or because of therapy. The basic defect appears to be an altered state of the host (Logan: 1974; pg. 27).

Detailed descriptions of asthma have been written, addressing the issue of what actually occurs physiologically within the body. Schwartz (1960; pg. 32) states that asthma is a swelling of the bronchioles, with swelling of the mucous membranes created by the union of an antigen with the cells. The antibody attaches itself, causing injury to the cell. As a result of this injury, the blood vessels in the mucous membrane or skin increases in caliber. The walls become sufficiently porous to allow the fluid portion of the blood to seep out into surrounding tissue, causing additional swelling and symptoms.

Wolf-Eisner and Meltzer (Frick: 1974; pgs. 81-82) were noted for discovering the immunological basis of asthma, followed by Portier and Richets' (1901) discovery of anaphylaxis. Apparently allergens in the body stimulate the plasma cells, of the allergically
susceptible person, to form immunological antibodies. This activity usually occurs in the respiratory and alimentary lining tissues (Frick: 1960).

The allergic response is thus thought to be a basic body reaction, induced by immunology or direct cell injury. Allergic symptoms can then primarily be attributed to the dilation or widening of the small blood vessels in one area, or throughout a large part of the body.

Various types of asthma that have been defined are asthmatic bronchitis, recurrent bronchitis, and nasal allergies with each type manifesting different symptoms (Apley: 1968, Schwartz: 1960). Apley (1968; pg. 36) writes that non-specific signs and symptoms are responses to stimuli, which vary from individual to individual, and from time to time. Wheezing, dyspnea, and moist sounds are evidenced during these various attacks, indicating an airway obstruction.

Some occurrences of asthma are a result of an anaphylactic reaction, creating a contraction of the smooth muscle in the small bronchi, the large vein leading from the liver, in the pulmonary artery, or in the intestinal tract. This induces an increase in pressure to the nerve endings, resulting in swelling. Histamine, which is a substance present in all tissue, is released at the site of injury, then affecting local circulation (Schwartz: 1960).

Those who maintain that asthma is predominately physiological in nature, attribute the condition to various causes. Logan (1974:
pg. 32) believes that asthma is caused by both extrinsic and intrinsic factors, with extrinsic factors referring to stimulants outside the body, and intrinsic being inside the body. He further states that asthma in children is almost always of an extrinsic nature.

Schwartz (1960; pg. 35) suggests three causes of asthma, including atopic, bacterial sensitivity, and a combination of the first two types. Each type occurs at specific ages, except for the third, which can occur at any age. Apley (1968: pg. 16) believes that there are peak periods, with certain disturbances tending to appear during vulnerable periods of development.

Under proper circumstances, any material aspect of the environment can produce allergic symptoms. This includes foods, emotional factors, exertion, infection, or some unknown cause. Such materials may enter the body by means of skin contact, inhalation, ingestion, injection, or infection (Chong: 1977, Schwartz: 1960).

Schwartz (1960) speculates that heredity is a factor in fifty to seventy-five percent of the cases. Heredity is said to predispose a person to the allergic condition along with determining the age it will appear. However, a parent's allergic sensitivity to various substances in the environment may be different than the child's sensitivities. This inheritance seems to most often occur in the mother (Schwartz: 1960). Apley (1968; pg. 36) also subscribes to this theory, stating that this syndrome occurs in certain persons who, as a result of their inheritance and experience,
over-react to specific stimuli. Dr. Eugene Gettleman (1978) explains that the offspring inherits a specific gene, visible in the chromosome, which predisposes the child to asthma. The child inherits a propensity for developing antibodies against different substances.

A second belief is that asthma is predominantly psycho-physiological in nature, with the importance of psychological factors in the pathogenesis of asthma having been recognized since antiquity (Chong: 1977). According to one study, (Stecker and Dunbar: 1954) fully fifty percent of problems occurring in the acute stage of illness, and seventy percent in the convalescence stage are attributable to origin in the individual's mind. Dunbar (1954; pg. 81) reveals three distinctly different attitudes among practitioners, including: (1) organic conditions accounting for the psychic state, (2) the psychic is only one aspect dominating the sematic, and (3) organic and psychic pathology are both seen from a psychosomatic view.

Weiner (1970; pg. 117) has written that the environment, internally derived stimuli, or both, act upon the mind. A second assumption of Weiner's is that the mind is an agent which acts upon the body. He then concluded that either the mind is a passive recipient or an active agent. In present day research suggests an interaction between the mind and body (Weiner: 1970). For every person who is ill, there is said to be an interplay between physical and emotional states (Apley: 1968).
The term "psychosomatic" has been commonly used in referring to bodily disturbances to which emotional factors play a predominating or initiating role. The term is also used in reference to a specific approach to investigation and treatment, which considers both the semantic and psychological aspects of the patient. Thus, with the asthmatic, illness can be provoked by infection, foreign protein, or emotional disturbance, with such influences reinforcing each other at various times. Infections, once considered strictly organic in nature, are now believed to also be emotionally induced (Apley: 1968).

Apley (1968; pg. 10) writes that there is a relationship between emotions and changes in semantic functioning. Emotional tension is thought to be associated with bodily disturbances, with symptoms observed in the cardiovascular system, stomach, nose, and other areas. Involvement of the autonomic nervous system and endocrine system has been established by several observations. It has generally been admitted, that nothing happens in the mind, without some neuro-physiologic event occurring (Weiner: 1970).

In regards to asthma, Schwartz (1970; pg. 74) states that emotional stress, in the form of anxiety or fear, transmits inhibitory impulses, causing a dilation of the blood vessels. Apley (1968; pgs. 9, 12) lists several causal possibilities, with one suggesting a disordered response or hypersensitivity to a metabolite produced under stress. A second possibility is that stress may produce changes in the hypothalamus, where adjacent groups
of cells control various bodily functions. A maladaptive response formed through a process of conditioning suggests a third answer. A final possibility is that of substitute or displacement behavior, resulting when the expression of emotions is inhibited, resulting in a bodily reaction pattern of abnormal intensity and duration developing in response to stress. Apley concludes that there may be a summation of all factors in an asthmatic condition.

Faulkner (Chong: 1977; pg. 75), through the use of a bronchioscope, observed that thoughts of frustration and insecurity brought about spasms and narrowing of the bronchial tube. Christie and Finesinger (Chong: 1977; pg. 75) showed that unpleasant thoughts were associated with an increased depth and rate of respiration.

Chong further states that stimuli which had a special meaning for certain individuals induced asthmatic attacks that were undistinguishable from attacks which were produced spontaneously. Tension, anxiety, irritability, fatigue, and episodes of depression were reported as spontaneous disturbances associated with asthmatic attacks. He also suggested that asthma symbolizes a repressed attack of crying.

Chong reports that various studies have shown that the first attack is frequently associated with some strong emotional episode. Once the disease is established and the illness labeled asthmatic, the disease becomes self-perpetuating, using the illness for secondary gain. In investigating the precipitating cause of a child's asthma,
it is important to study the circumstances of the first attack. If a particular emotional state coincides with an "external-trigger-stimulus" which reinforces it, the inner tension may become somatisized as an asthmatic attack. Later attacks may develop by the process of conditioning (Apley: 1968).

Just as unpleasant thoughts were found to increase respiration and dilation, likewise, pleasant suggestions and desireable thoughts seemed to produce relaxation and reduced dilation (Chong: 1977).

Personality variations in asthmatic children has been studied by many. In 1935, Strauss (as quoted by Chong: 1977; pg. 80) found that the psychological make-up of asthmatic children tended to be both over-anxious and insecure. These characteristics were often reflected in the personality of the parents, who were also over-anxious and insecure. Another description of the asthmatic individual revealed that there is a high degree of emotional tension without appropriate release. Depressed anger and consequent depression are listed as psychogenetic features. Hajos (Chong: 1977; pg. 80) included irritability, aggression, timidity, and over cautiousness as additional characteristics. These characteristics were similarly noted by Apley (1968; pg. 15), writing that an assessment of the asthmatic child's personality showed undue anxiety, excitability or passivity, and proneness to emotional disturbance. These characteristics, he continues, may be seen in fussiness or awkwardness, over-dependence or over assertive behavior, excessive fears or tantrums, sleeping difficulties or crying, and learning
problems. Apley adds, that the asthmatic child seems to have a great need for love and affection and are hypersensitive to criticism or reproach. The asthmatic child also shows a tendency to react to jealousy and rivalry, along with having difficulties in interpersonal relationships and attitude towards parental authority (Apley: 1968).

The term denial has also been used in regards to patients with psychosomatic disorders. Implied is an absence of affect and fantasy. A blocking of awareness of one's internal reality, consisting of wishes, impulses, affect, is further said to result in denial. Denial becomes a defense mechanism, used as a means of keeping painful perceptions, affects, and fantasies out of conscious awareness. In removing this defense, these supressed needs would be permitted to emerge into consciousness. However, many persons with psychosomatic disorders are incapable under any circumstances, to experience fantasy and affect (Frybergh: 1972).

Unsatisfactory parental attitudes, especially by the mother, have also been found to be of importance in the causation and precipitation of asthmatic attacks (Chong: 1977). The Children's Asthma Research Institute in Denver found that one-third of the children lost the asthmatic symptoms promptly after arriving at the institute. Those remaining at the institute become asthma free, with virtually no medication, for their entire stay of eighteen to twenty-four months (Peshin: 1959 & 1966 as quoted by Chong: 1977; pg. 178).

In a study conducted by Treating and Ripley in 1948 (Chong:
they concluded that the development of the asthmatic attacks was related to the patients' life situations and accompanying emotional reactions.

The concept of protective parental reaction patterns was studied by Wolff in 1947 (Apley: 1968; pgs. 11-12). He found that the individual tends to react to stress through responses which are characteristic of him/her. These characteristics may be inherent, tending to "run in the family," subject to modification by the environment.

Minor symptoms of disorders in a child may be an indicator of family disorder. The illness may be a somatic manifestation of an emotional disturbance that has resulted from family disfunction. The sick child becomes an indicator and an excuse for such family disorder (Apley: 1968).

Thomas M. French (Schwartz: 1960; pg. 88) found that asthmatic attacks tend to be precipitated by situations that threaten to separate the patient from his/her mother. The allergic response is then viewed as a physiological process that was called forth in the struggle for existence.

Learning and conditioning are believed to play an important role in the reactions that result from the environment. There is evidence that somatic disturbances can be determined by emotional stress and failure to adapt to difficult situations. It is suggested that this may be more common in certain type individuals. The bodily disturbances may begin with a period of crisis in the person's life,
in which case, the disturbance may disappear after the situation improves (Apley: 1968).

Emotional disturbances in the parent may also be the cause or result of attacks. Many traits may be traced to a loving but over-protective mother or over-controlling father, producing suppressed resentment in the child. It is this over-protection that has been thought to also create suppressed rebellion in the child, leading to further attacks, then inducing greater over-protection (Apley: 1968).

Abramson (Apley: 1968; pg. 78) found that both the mother and child were mutually engulfed in the problem and performance. This situation was a result of over-solicitousness and willfulness by the mother, fostering dependence of the child to fulfill the mother's needs. The end result of this was rejection of the mother by the child, and in turn, a rejection of the child by the mother (Apley: 1968).

Further studies on personality indicate that the mother had strong unconscious, ambivalent feelings towards her child, resulting in "spoiling or rigid disciplining" (Apley: 1968).

Apley also reported that mothers of asthmatics appeared more emotionally disturbed than mothers of non-asthmatic children. It was concluded that the mother-child relationship played a primary etiological role in the generation of asthmatic symptoms (Apley: 1968).

Other studies (Apley: 1968; pg. 79) revealed that asthma served
as a means for demanding more attention by the child, stimulating more dependent, clinging behavior. The parents were viewed as being ineffective in handling their children.

Rees (Apley: 1968; pg. 80) found that when changes in parental attitudes occur, a remarkable improvement also occurs in the general health and happiness of the asthmatic child.

A comprehensive approach to asthma attempts to consider the patient rather than the disease, utilizing a whole person approach. This approach assumes that bodily disorders can be the result of somatic, psychic, social, and other factors, and not simply limited to either a physical or psychosomatic approach (Apley: 1968).

Any aspect of nature, acting upon the person may, through a heightened normal body reaction, produce allergic symptoms. Such reactions are then viewed as an expression of a normal reaction that has gone out of bounds. Common pathways of allergic stimulation lie in various elements and substances in or out of the body (Schwartz: 1960).

Treatment for the asthmatic child encompasses many approaches, as revealed by the literature. The focus of treatment is on the body, intellect, emotions of the child and parent(s), family, school, and community. The treatment is aimed at modifying attitudes and/or the environment. For maximum results, it has been found that involvement of the parent and patient is necessary, discussing with them the possible presence of both emotional and physical disorders. An attempt to understand the origins of the
difficulty is sought, so proper modifications of the environment can be conducted (Schwartz: 1960).

Parental involvement in the treatment between and during attacks is twofold. First an attempt to diminish the tendency to asthma is sought, trying to improve the general physical health, emotional state, and physical and emotional environment. At this time it is explained to the parents that the prognosis is good. Secondly, endeavors to define and minimize any known and possible stimulants of attacks, including allergens, infections, and emotional disturbances, attempted (Apley: 1968).

The patch test is often utilized as a tool for diagnosis. By lightly abrading the skin in a rash free area and applying a minute quantity of the suspected allergens, the offender will appear in that area after a forty-eight hour period (Schwartz: 1960). Frick (1974; pg. 86) believes that once the allergen is identified, avoidance of that allergen becomes the single most effective measure in preventing the onset of future attacks.

Prevention of infection is also needed, through administration of various antibiotics (Apley: 1968). Prednisone, cromolyn sodium, epinephrine, and theophyllene have all been used in the management of asthma. Immunotherapy is still another approach used in treatment (Frick: 1974). When the asthma is found to recur frequently, causing interference with physical and intellectual growth, steroids can be prescribed (Apley: 1968).

Another approach, which is most often considered in severe cases
is referred to as "Parentectomy." This approach involves sending the child away from the home, with prompt effective results usually occurring (Apley: 1968).

Specific exercises have been found to be extremely helpful, with Physiotherapy seeming to encompass three objectives: (1) helping the child to relax over-active chest muscles, (2) re-educate the restricted diaphragm, and (3) re-establish an easy breathing pattern. These exercises are found to be most successful when they become a part of the child's way of life (Apley: 1968).

The reassurance of the parent, child, and family has also been identified as being of primary importance, with such reassurance aimed at: (1) helping to restore confidence of the child in himself, (2) restoring confidence of the family in itself, and (3) restoring confidence of the family in the child, and medical professional, through sympathy, interest, thoroughness, and competence (Schwartz: 1960).

The necessity for recognizing the patient as a dynamic whole is becoming increasingly more important, along with recognizing the relationship between the disease and the patient's role in life (Schwartz: 1960).

**SUMMARY**

The occurrence of asthma in children may be attributed to many causes, including strictly physiological factors, psychosomatic influences, or a combination of both.
The literature supports the theory that asthma is a result of a combination of causes. A person can be predisposed to the asthmatic condition, either due to heredity, a hypersensitivity to certain stimulants, and/or an initial emotional trauma. Whether the asthma is manifested is thought to depend on a number of factors, including the emotional nature of the individual, environmental influences, parental attitudes, and conditioning.

Therefore, treatment aimed at examining the role of the body, the intellect, emotions of the child and parents, family, school, and community is the desired approach of the author, with modifications made in these areas as needed. A wholistic approach to the condition considers all possible causes, realizing that one's emotional state influences the physical condition of the individual, and similarly, one's physical state affecting the emotional nature.

SUMMARY OF THE REVIEW OF THE LITERATURE

Based on the literature, one can come to the following conclusions. First, that energy fields exist, both as a universal force, and as an energy body that surrounds persons, along with other living and non-living matter. This energy field is affected by an individual's thoughts and attitudes, manifesting these thoughts on an emotional, physical, and/or spiritual level. Since thought directs energy, it follows that positive thoughts directing energy towards states of wellness.

Healing energy is energy directing towards healing or improving
a particular health condition. This concept (supported by the author) maintains that every person has the ability to heal, with the healing process being directed either towards the self or others. Healing occurs when individuals accept full responsibility for their own health, and is able to discover the healing potential within them. A state of health is the result of the integration of the whole person, including the spiritual, mental, and physical natures, with each aspect having an affect on the other.

Often the ability to heal is obscured due to blocks in the unconscious. Creativity can be a means for releasing these blocks through awareness of the unconscious. The removal of these obstructions is the beginning of the healing process, with creativity viewed by the author as a healing force. Play, as creative expression, can be a means for realizing this healing potential.

Research and speculation suggests that the asthmatic condition may be due to the emotional nature and attitude of the individual, along with influences and attitudes of the parents and environmental conditions. A sensitivity to certain physical elements is another theory. By assisting the asthmatic person to alter his/her attitudes along with the attitudes of others, the asthmatic condition can be altered. To what degree certain physical stimulants affect the child can also be affected by changes in one's thoughts and attitudes.
CHAPTER III

METHODOLOGY AND DATA COLLECTION

Following an inductive form of research, the data will be presented in this portion of the text, due to the nature of the results. Inductive research involves making general conclusions based on the data collected. Because of the nature of the study, the author chose a qualitative approach to the methodology (Bogdan and Taylor: 1975). Most of the investigations involving energy fields and the non-medical healing approaches are still anecdotal. Rigorous research designs are only now entering the scientific literature.

Therefore, it seemed logical to follow Glasser and Strauss' (1967) method of generating data, then looking for theoretical explanations. In this chapter there is an interweaving of description of the subjects, the observational process, and data collection.

Originally, the rationale for this study was to determine whether the technique of channeling energy could be used as an effective tool in alleviating the symptoms asthmatic children suffer.
The intent of the investigation was to explore whether people might have a healing potential that could be developed in a therapeutic process.

The child would have been given full responsibility for his/her condition, but it was found that parental involvement was necessary, although this involvement was minimal. Because of the child's natural dependency on the parent and the parent's need to protect his/her child, the child and parent should have been treated as a unit. The natural bonding that exists between the parent and child makes it difficult to treat one without the other, with the child's symptoms often reflected in the parent and/or the parent's problems reflected in the child.

However, the sessions involved working solely with the children, introducing various visualization techniques\(^1\) in accompaniment with various play experiences. The visualization techniques were aimed at assisting the child to discover his own healing potential. The play experiences took the form of the drawing exercises and Tai Chi.\(^2\) The intent of these activities was

\(^1\)Visualization techniques--A process in which the individual is encouraged to mentally create a picture of a desired state. For example, if the child desires to be strong and vital, he/she would be encouraged to visualize him/herself involved in activities that require a strong, vital self. Mental statements which reinforce this vision may also be part of the technique. The statement might be, "I see myself hitting a homerun and running all the bases to homeplate."

\(^2\)Tai Chi--A philosophy and practice of several disciplined physical and mental exercises. The exercises progress in their complexity according to the individual's mental, spiritual, and physical development.
to provide an emotional and physical release for the individual, minimizing obstructions to the healing process. The drawing exercises would later be used as an evaluation tool, comparing the content and design of the series of drawings (see Appendix II).

It was expected that after a specified time, continued use of the visualization techniques and combined play experiences would produce healing results (i.e., alleviation of asthmatic conditions). These results did not materialize due to situations in the external environment of the child. This will be explained in detail as described in the data.

PROCEDURE

The original methodology was designed to obtain the subjects from a medical facility, where the procedures of the study could more rigorously be carried out. However, because of medical resistance this was not possible due to the positions taken by the various physicians contacted. Because focus of this study was a non-medical approach to asthma, it was therefore realistic to find this resistance.

The author's physician (of twenty years) was contacted. It was hoped that this personal physician would be supportive of the study and would assist in obtaining subjects. However, he stated that, though he did not negate the possibility that help for the asthmatic may lie in such wholistic methods, he more readily accepted it as a "fad," similar to accupressure. He offered no further recommendations.
Another physician, a director of a home for asthmatic children, was also contacted in the hope of securing some subjects. He appeared quite defensive, during an interview with the author. He stated he subscribed to the medical model based on traditional methods of treatment. He appeared resentful, that a person with no medical experience would suggest the use of such unconventional techniques with his clients. When the author expressed the belief that asthma was strongly emotional in nature, the physician refuted this, stating that the psychosomatic aspect of asthma has been viewed in recent years as having minimal importance in the onset and treatment of the disease.

SUBJECTS

It seemed of primary importance that the study be carried out in an atmosphere of trust and physical and emotional comfort. Having worked at a Community Center, where many clients were asthmatic, the author contacted and discussed the project with the center director and staff. They gave their support, so it was decided that this setting would be an excellent source for obtaining subjects for the study.

The coordinator of the Youth Program was contacted, explaining the intent of the study to her. It was decided that the subjects be limited to ages of five through seven. By the age of seven, the asthmatic condition has been sufficiently manifested to allow for treatment of the child, but not so established to prohibit obtaining
limited results in a short period of time. Children of this age range are considered mature enough to handle the exercises that would be required for this study. The exercises required an attention span of at least ten minutes, but not more than fifteen. Forty-five minutes of activity was considered for each session.

A list of all the children of this age range, known to have an asthmatic condition, was obtained from the youth coordinator. Other information obtained included the names of the parents, telephone number, and any known drug history. Any child known to require heavy medication was eliminated from the original list.

The author then contacted the mother of each child by telephone, since the mother is typically the more involved parent in the child's treatment. She introduced herself as someone presently employed by the center in the capacity of a teacher. She further explained that the child's name was obtained from the youth director, who thought that the family might be interested in participating in this study, that would explore alternative techniques for alleviating the symptoms of asthmatic children.

From a list of eight families, two mothers denied the existence of asthma in their children (though this was documented in their histories given to the center) and were removed from the list. Of the remaining six families, all seemed initially interested, with four mothers stating they would have to discuss it with their spouses. Two mothers responded with an immediate yes, stating they were interested in anything that might assist in the alleviating of
asthma in their child. One mother agreed to the study after further discussion. The other three parents stated they were afraid participation might interfere with the present treatment program for their children.

A personal interview was set up with each of the three families who gave a positive response to the telephone inquiry. The author requested the presence of both parents and the child that would be involved in the study. Any siblings were also encouraged to attend.

The purpose of the personal interview was to determine the appropriateness of their participation in the study based on criteria set-up by the author. The determination was based on what was stated verbally in the interview and from the observations of the family by the author.

During this interview, several questions were asked. They included a history of the illness, present illness, history of treatment and present treatment, social relationships, family relationships, school relationships, family attitude toward the child and the illness, and awareness of the onset of attacks. Opportunity for any additional information was afforded the parents. The child was then asked by the author how he/she felt about his/her condition. The child was given the opportunity, along with the parents to ask the author any questions. She explained the purpose of the study and the participation that would be required of both the parents and the child. The child was then asked how he/she felt about further participation in the study. At the
conclusion of the interview, the parents were told that they would be contacted within the week if they were selected.

All interviews were recorded by cassette tape with simultaneous note taking by the author.

From the three interviews, two families were selected for participation in the study. The two subjects who were selected were two boys, ages six and seven. The author had originally intended that at least five subjects would be selected, however, due to difficulties encountered in obtaining subjects, this objective was not possible.

As an example, Keri (age eight years) did not meet the criteria originally established. During the interview with Keri and her family, it seemed that Keri's parents approached her illness with denial. They explained that it was necessary to minimize Keri's illness to her, feeling that if she really knew about her illness she would use it to manipulate her parents. This position was supported by Keri's behavior at the center. At the center she appeared to have severe emotional problems, at times exhibiting certain "autistic like" behaviors. Keri had difficulty interacting with peers and was usually seen alone, with peers seeming to avoid contact with her. When the parents were asked about social relationships, both parents described her as being quite popular and bright. The author concluded that due to Keri's apparent emotional problems, coupled with her parents' denial of them, she would not be
appropriate for the study. Mutual cooperation of both parent and child was considered essential to insure optimal results.

**SETTING**

After selection of the two subjects, it was then necessary to establish a setting where the study could be carried out with minimal distraction or interference. The community center was selected as the site, as it was already considered by the subjects as a familiar place for having fun and where they could be relaxed, comfortable, and relatively free from parental restraint and influences.

Transportation was offered to both parents, if that was a factor in their children participating in the study at the Center. One boy's mother stated that transportation was not the problem. However, due to the unpredictable nature of her child's condition, she could not guarantee his regular attendance outside the home. She suggested her home as a possibility, stating that a room in her home could be used for the exercise sessions. She assured the author that she and the subjects would not be interrupted during the session. For optimal results, conducting the study in a place away from the home was preferred. However, the author felt that it was more important that regular attendance be assured. After discussing this with Brian's parents, this location was agreed upon.
SESSION COMPONENTS

Before establishing the exact dimensions of the sessions, consultation with Dr. Carol Caroline, Ph.D., a teacher of Tai Chi, Mind Control, and other courses at a Women's Workshop in Los Angeles, was made. The study was presented to her, and she offered recommendations for the length of the sessions and their composition. She suggested, based on their attention span, that the sessions be limited to forty-five minutes. Dr. Caroline also suggested an interlude of physical activity, to provide a needed physical and emotional release. As recommended, the sessions were set at forty-five minutes, including some physical activity.

In order to obtain more objective data from the sessions, an observer was secured to note what occurred, as well as documenting the physical environment. Information regarding the performance of both the author and subjects was also needed. The observer had several years of experience in Tai Chi. After discussing the study with her, it was decided that she would lead the subjects in a short Tai Chi exercise, to provide for a needed physical and emotional release.

The session components and their intended sequence were as follows:

1. Introduction and non-directed discussion
2. Drawing with follow-up sharing by the subjects
3. Visualization exercise
4. Tai Chi
5. Drawing with follow-up sharing

6. A brief summary discussion

Each session began with a brief introduction and discussion, encouraging the two children to verbalize their feelings at that moment, and to ask questions. This provided a transition from previous activity to the session activity, helping them to focus on what was to occur during that session.

The first drawing activity was intended as an emotional release. The purpose was to minimize obstructions in their energy fields. This activity was designed to prepare them for the visualization technique that followed. This first drawing was also to be used as an evaluation tool, indicating the child's initial feelings at the onset of the session.

Following the first drawing, the boys were to be introduced to the "White Star" technique of channeling energy which is an actualism technique (see appendix I) (Weiss: 1977). After the first session, it became apparent that this technique was too abstract for the boys. Both appeared restless, seeming to have difficulties following the technique. The exercise was then modified, using visualizations that were more familiar to the children. Cues given by the boys from their pictures and verbal responses were used in composing these visualizations. For example, if a youngster drew a picture of an island, the visualization focused on traveling to that island.
Although the visualization techniques presented in this study may appear to be similar to self-hypnosis, the process is quite different. In self-hypnosis the subject is taught specific relaxation techniques which prepare the individual to receive thought suggestions generated by that person. The actualism techniques also require specific step-by-step procedures for preparation, however, the thought process that is introduced is patterned after specific exercises utilizing various energy patterns. Other visualization techniques presented were non-structured experiences with the entire process created by the individual. Although the process of self-hypnosis differs from actualism and visualization, the intended outcome is quite similar, which is utilizing thought energy to create changes in one's life (Weiss: 1977).

While Tai Chi was planned for the middle of the session, sometimes it occurred at the end in order to avoid disrupting the flow of activities. The purpose of the Tai Chi exercises was to provide for a needed physical release. Since the philosophy of Tai Chi is similar to the concepts presented throughout this study, which is the integration of the whole person, this activity was chosen over other physical activities.

The second drawing activity was primarily intended as an evaluation tool, comparing drawing one with drawing two. The author, as investigator, had anticipated that changes in the attitudes and feelings of the subjects would be projected in the
drawings, based on the Gestalt approach in which the person and their art are viewed as a whole (Perls: 1969).

METHODS OF OBSERVATION

The "specimen record" method of observation was utilized, continually describing all behavior exhibited and situations in an untheoretical and unselective manner. "Ecological descriptions" was also utilized, observing environmental influences and the setting and conditions in which behavior and development occurs. All observations were objectively written (Selltiz, Wrightsman, and Cook: 1976).

METHODS OF EVALUATION

The drawings were evaluated according to the Gestalt technique, in which the picture and the artist are viewed as a whole. According to this approach, every aspect of the picture is said to be that person. Therefore, if the child drew an island in the picture, he/she making a statement that he/she is or feels like an island (Perls: 1969).

LOGS

Each of the boy's mothers were asked to keep a log of any asthma attacks that occurred during the seven week period of the study. However, neither parent followed through with this request. Both boys were also asked to keep logs, writing the date of an attack and whether it was mild, moderate, or severe, with different
colors representing these various degrees of severity (i.e., black may have represented a severe attack, purple moderate, and yellow mild). Neither youngster followed through with this task.

DATA

Although the study was set up to include eight sessions, due to various unpredictable problems, the sessions were shortened to seven. The intent of the original design was to work with both subjects during each session. However, several sessions involved only one participant. The attendance pattern was as follows: one boy attended sessions one, two, three, four, and five; and the other boy attended sessions one, two, three, six, and seven.

The following is a description of the sessions as they occurred. This description notes both the physical environment and emotional environment as perceived by both the observer and the author. Also, described were the responses of the subjects to the various exercises that were presented. The seven sessions were conducted during the spring of 1978.

SESSION I

Session Components

The investigator prepared with the "channeling of energy" prior to the session

Introduction of the participants

Informal discussion of asthma

Drawing One with follow-up discussion
Explanation of the seven energy centers, which prepared subjects for the visualization

Visualization exercise

Drawing Two with follow-up discussion

Tai Chi exercise

Summary of the session

Major Observations

The most significant aspects of this first session seemed to focus around these areas: (1) physical distractions created by the environment, (2) the establishing of a relationship among the participants, (3) introduction of the subject matter, (4) a summary of the session, and (5) the phone contact initiated by one mother following the session.

It was assumed that the room would be physically prepared for the session. Instead, the room created several distractions, making it difficult to focus in on the tasks. A game was in the room which encouraged tactile activity. The boys played with the game objects throughout the session. A laundry basket, large windows open to the backyard, and a desk were visually distracting.

Much of the session seemed to center around the two boys establishing a friendly relationship. One boy seemed to know the other already, which seemed reassuring to both. There appeared to be some initial anxiety, with one boy moving around and talking frequently. During the various exercises, it seemed that both boys
had a tendency to mimic each other, each concerned with what the
other was drawing.

The author introduced them to the seven energy centers, using
the story of Snow White and the Seven Dwarfs\(^1\) to illuminate this
concept (Metzner: 1971). A visualization was offered, suggesting
that both of them have "asthma faucets" throughout their bodies,
with the dwarfs having the power to turn off these faucets. The
boys were then asked to lie on their backs and to imagine a bright
star sitting on their heads, then visualizing this sun enlarging and
transforming into the dwarfs. It was suggested that they visualize
the dwarfs jumping into their heads and traveling throughout their
bodies, shutting off the asthma faucets. Both appeared restless,
when the dwarfs were described as moving from their head down to
their toes. When the visualization concluded, they appeared calmer
(for a description of other visualizations, see appendix ). One
boy stated that he felt itching all over his body. The investigator
explained that such itching is an indication that healing is taking

Before concluding the session, the boys were asked to take a

\(^1\)Because the principles of the seven energy centers were
considered radical thought, the alchemists encoded the processes of
the centers through the story of Snow White and the Seven Dwarfs.
Snow White is said to represent the physical body, trapped in a
poisoned sleep by the wicked Queen. In this poisoned state, Snow
White is trapped in her house (body) with the seven dwarfs, the
dwarfs representing the seven blocked centers of the body. She is
reawakened from this poisoned sleep by the kiss of the prince, who
is believed to be the immortal self (Schofield: 1969 as quoted by
few moments to look at their pictures and try to keep that picture in their minds. They were instructed to think about the dwarfs shutting off the "faucets" before going to sleep, or during the day. It was suggested to them that they especially use this thought if they felt an attack coming on.

Later that evening, one of the mothers phoned to inquire about that day's session, wanting to know what had transpired. She explained that her son did not remember.

The other mother was contacted following the session regarding keeping a log. She had questions and seemed open and optimistic.

SESSION II
Session Components
The investigator prepared with the "channeling of energy" prior to the session
Preparation of the physical environment by both boys
Review of Session I
Fantasy exercise
Drawing One, with follow-up discussion
Discussion of life without asthma
Tai Chi
Visualization exercise
Drawing Two, with follow-up discussion
Brush down
Logs designed
Major Observations

The most significant aspects of the second session seemed to include: (1) a diminished anxiety level of the subjects, (2) retention of the material introduced in the first session, (3) and parental concerns.

Both boys appeared calmer this time. The session began with the youngsters being asked to clear the room, making it ready for the day's session. This procedure seemed to aid in gaining their attention for the remainder of the session. There seemed to be less reference to outside activities, such as school and ball games. They seemed to sit quite a distance apart, as compared to last week.

A discussion of last week's session was aimed at exploring their present attitudes and retention of the technique taught. Both seemed to have a positive attitude and willingness to work. When asked, one boy (his mother previously called to say her son didn't remember the session) seemed to recall explicitly what occurred last week, describing the "new way of walking" learned in the Tai Chi exercise.

Another important aspect of this session involved the concerns expressed by both mothers immediately following the last session and during the week interval.

Following the second session, the author talked with one of the mothers. She seemed concerned that her son had a nightmare of monsters on the night following the last session. It was explained that no monsters were discussed in the sessions, suggesting that
such nightmares were healthy as a means for releasing tension anxiety (Weiss: 1977).

After the other boy went home, his mother told the author that he had an attack, wanting to know why. It was explained that there are no instant cures, that change rarely occurs immediately.

Later in the week, the Youth Director of the Community Center told the author that she had spoken to one of the mothers concerning her son's participation in the study. She stated that Brian's mother was pessimistic about the study, explaining that her son was still having attacks. The Director reiterated that she told the mother that parental attitudes can promote a child's health or reinforce the disorder.

SESSION III

Session Components

Discussion of previous session

Drawing One, with follow-up discussion

Opportunity for input from both boys regarding the structure of the remainder of the session

Visualization I

Discussion of feelings experienced during the visualizations as compared to experiences felt during the asthmatic attack

Play time

Visualization II

Drawing Two, with follow-up discussion

Summary
Major Observations

Areas of significance in this session included: (1) absence of the observer, (2) lack of recall of the previous session by one of the boys, (3) increased restlessness exhibited by both boys, (4) introduction of the difference between how one feels when ill and when healthy, (5) itching throughout the session, (6) the theme of the drawings beginning to reveal feelings of anger and helplessness, and (7) discussion on taking responsibility for being well. Of the areas mentioned above, several warrant further discussion.

During this session the two boys were provided the opportunity for input to decide how the remainder of the session would be conducted. One stated he would like to be the beach, with people walking on him, along with the waves covering him. Subject two chose to be an island. Both were told to lie down and visualize being what they chose. It was suggested that they imagine the water flowing over their bodies, from feet to head, and rinsing down head to toes, rinsing away the asthma. Both appeared quite restless, more so than previously noted.

The investigator discussed with them how they felt when they have asthma. They were asked which was more enjoyable, helping them to become aware of their choice to be well or to have asthma. There seemed to be a need at this point to focus in more on what was occurring in the session. One boy kept remarking that he itched. They were reminded that itching is a healthy sign, and how itching can be an indication that healing is occurring in the body (Weiss:
1977). The Dwarfs were talked about briefly. Both subjects were instructed to work with the Dwarf from toe to head. One was told to give particular attention to his wheezing. There was an emphasis on working on the visualization for a longer amount of time, giving them two minutes as a goal. One boy then stayed with the activity for a longer duration. The other finished quickly, seeming to be restless this day. Both seemed to be itching throughout the session.

Both boys were asked to draw a second picture. One drew a man covered in green, seeming to be buried. The man was holding a sign which said, "help." He drew a sun which was also covered with clouds. The other drew a tree on fire, with he and his friends watching passively below.

At the close of the session, a short discussion was directed at how they can help themselves to become well. The author explained, that even though others close to them may help, in the end they must help themselves.

SESSION IV
Session Components

Verbalization of one boy's feelings concerning a death in the family

Recall of previous session

Drawing One, with follow-up discussion

Relaxation-visualization exercise
Tai Chi
Visualization Two
Drawing Two, with follow-up discussion
Conversation with the boy's mother proceeding the session

Major Observations

The most significant areas of Session IV were (1) the absence of one boy from the session, (2) the relationship between the other boy and his mother regarding various exercises throughout the session, (3) assisting the youngster to conceptualize taking control of his life, and (4) changes in the scheduling of the sessions initiated by the boy's mother.

One boy was ill and would be back the following Monday. At the onset of this session, the other boy locked the door, commenting that "somebody might come in." He began looking at a map, then putting it away without being told to do so. He verbalized feelings of sadness regarding a death in his extended family. When asked, he said he had practiced during the week.

After the session had commenced, his mother asked to sit in on the session. As she was quite persistent, she was permitted to observe, sitting on the couch with a note pad.

The boy began fidgeting, not looking at his mother or the author. He seemed preoccupied by his mother's presence, directing conversation to her. He began sitting with his back to the author, facing his mother.
He was asked to recall what occurred last Monday. He was then instructed to draw his first picture, but was distracted by his mother. He asked if he could let in the dog, then asked his mother the date. He explained that his picture was a maze, adding to his picture during the explanation. He stated that the asthma was being chased away, and that he had torpedoes that could blow up the asthma.

Following a relaxation exercise, his mother left. He asked to continue lying there, having him imagine being in a boat. He commented that he was the captain of his ship, with the author responding that he indeed had the controls. This concept was reinforced by having him visualize himself loading the asthma into empty bomb shells, then taking the boat on a journey to a special place. Once there, he was instructed to visualize himself dumping the shells packed with asthma and return home. After completing the process, the author explained to him that he could visit this special place, known only to him at any time. The youngster was asked what he felt was the most important part of the journey. He replied that he wanted to get rid of the asthma. The author re-emphasized, that being in charge or being the captain of your own ship was of utmost importance. He agreed, becoming more animated, adding that he had his own crew.

After the session concluded, his mother explained that the speech therapist phoned, and would now be busy every Tuesday and Thursday, conflicting with the sessions. The author suggested
Wednesday as an alternative. However, she did not accept this alternative day. She appeared to get more nervous, talking incessantly. The author reminded her of her commitment, noting that she was not meeting this agreement. She responded by saying that she did not see it working anyway. An effort was made to explain how her reactions may affect the study and that more openness of her intentions was needed.

It is recognized by the author that her assertive attitude may have created an increased defensiveness on the part of this boy's mother contributing to the negative feelings that already existed and continued through the rest of the sessions.

**SESSION V**

**Session Components**

- Verbalization of feelings regarding the new scheduling of the sessions
- Drawing One, with follow-up discussion
- Visualization
- Tai Chi
- Relaxation exercise, followed by brush down
- Drawing Two, with follow-up discussion

**Major Observations**

The mood of this session was noticeably more low keyed. Brian was again absent. Subject two expressed feelings of disappointment over meeting just once a week, apparently not understanding why.
His anger seemed to be expressed further in his picture, with drawing one presenting a disfigured view of his sister. A second picture was described as a race track, seemingly incomplete, with no beginning or end.

SESSION VI

Session Components

Discussion

Drawing One, with follow-up discussion

Review of technique previously introduced

Visualization One

Tai Chi

Visualization Two

Discussion of need to be ill

Drawing Two

Major Observations

This session was conducted at the home of the boy previously absent for two sessions, since the other boy would be absent due to a scheduling conflict with his therapist. The most significant aspects of this session included the boy's temperament, apparent need for privacy, and an awareness of secondary gains achieved from being ill.

As he had been absent for the past two sessions, he appeared somewhat hesitant and reserved. He tended to give short responses, frequently looking at the observer. He commented that he had been
too ill to practice what he had learned. During the first drawing activity, he continued to be quiet, concentrating on the exercise.

His memory of the visualization technique was explored, with him asking if "maybe you can refresh mine, I've been sick." He tended to lay close to his desk for the next exercise. He kept holding his shoe and rubbing his eyes, stretching then tensing his face. When the "White Star" technique was introduced, he continued to appear restless. The exercise continued, having him imagine the sun touching all the parts of his body.

For the second exercise, he laid on his side. The exercise which involved taking a voyage (previously introduced to the other boy) was then presented to Brian. He appeared restless, verbalizing when he arrived at his visualized destination. He commented that he would go to this special place when they (the author and observer) leave, then smiling and adding that he would practice before he went to sleep.

He was encouraged to talk about being asthmatic, with the author attempting to explore his motivation for being well, with a desire for health being the beginning of the healing process. He stated that he wished to be well, also stating that he did not want to go to school. The author asked him if he possibly becomes asthmatic to avoid going to school, again bringing to awareness his possible "need" to be asthmatic. After he shared about his visit with his grandmother, he was asked to imagine feeling good, describing what it was like.
SESSION VII

Session Components

Opportunity for verbalization of feelings regarding the focus of the study

Writing activity focused on a "secret" place

Drawing One, with follow-up discussion

Recall of relaxation techniques

Visualization technique

Tai Chi

Exploration and development of personal relaxation technique

Brush down

Drawing Two, with follow-up discussion

Major Observations

The format of this session was unexpectedly altered, when it was learned that the other boy would again be absent. This session focused on the culmination of the study, verbalizing feelings, summarizing visualization techniques, and saying goodbye.

A follow-up with the absent boy's mother was conducted by telephone, attempting to explore the dynamics of her son's increased absenteeism. No definitive answers were given by her, she seemingly became more defensive as the conversation ensued. As a result, she contacted the chair of the author's thesis committee to express her dissatisfactions and request that details about her son be removed from the study.
Summary

The original intent of this investigation was to explore whether people have a potential to heal that could be developed in a therapeutic process.

The subjects were to be given full responsibility for their health, however, parental interference prevented this, as was revealed by the sessions.

Although the various components of the sessions were altered and/or differed from the original plan, the data accumulated seems worthy of further exploration. However, only one of the boy's participation could be fully documented. As noted above, one boy's mother requested that the details of her son's involvement be removed from the final report. The author reluctantly agreed to meet this condition and only a generalized summary of this boy is made in this next chapter.
The following case studies attempt to provide a profile of the asthmatic child, as experienced in this study. Histories obtained during the personal interview will be presented along with information that was obtained during the sessions that followed. Parental attitudes seemed to have been of primary importance in the review of the results. Interpretations of the series of drawings produced, by the children, will be reviewed, along with the subjects' responses to the various exercises conducted. It was hoped that results of the logs would also provide insights, however, this assignment was not carried out by either parents or children.

The material for the case studies was obtained from interviews and observations and speculations by the author.

CASE I -- John B.

Mr. and Mrs. B. and John were present for the second interview, with both parents actively participating. The B.'s gave a detailed account of John's history in regards to the illness.
Mr. and Mrs. B. appeared to be very bright, with Mr. B. owning a food concession. Mrs. B. is a housewife and mother, holding no outside job.

John was described as having a normal birth, with no significant traumas. In 1974, John had his first asthmatic attack, at age two. Apparently, it was a hot and smoggy day, with these conditions triggering the attack. It was not until 1975 that the asthma appeared again. This time, it was thought to have been precipitated by a fire, that swept through their backyard. In July, 1976, he experienced another attack, with attacks continuing throughout the year. There were no apparent illnesses that triggered the attacks. John's attacks seemed to be set off by changes in the weather.

Mr. and Mrs. B. claimed to be healthy, with no histories of asthma or allergies. Their eldest son had begun to manifest some symptoms, which was believed to have been learned from John.

John has been treated with conventional medications. Both shots and scratch tests had been administered. His environment was virtually dust free, with special mattresses, no stuffed animals, and linoleum floors. Mrs. B. seemed quite thorough in this regard, yet smoked throughout the interview. The prognosis for John was thought to be good, hopefully outgrowing the illness, although this was not certain. John was found to be allergic to a variety of substances, including foods, molds, bacteria, and grasses, with scratch tests being continued to test for improvements.

John's parents stated that their physician stressed that John
should not be disabled in any way, encouraging him to participate in all activities. He rarely missed school, as he was medicated. This practice, of prescribing medication, is a common practice in preventing attacks during school months.

Current treatment was aimed at trying to build up his blood level, in an effort to prevent attacks by using other medication. When the medication was changed, his attacks could vary from none to several.

Psychologically, John was described by his parents as being quite sensitive, talkative, and fidgety. His relationships with school friends seem to be good, seeming to get along with all children. He was described as sensitive to the feelings of others and concerned about them.

His brother tended to be apathetic towards his illness, unless it prevented him from doing something special. He was at times jealous of John, but not regarding the asthma.

In talking with John he stated that he had asthma. He claimed he had many friends, listing the names of both boys and girls. He said he liked school. When asked how he felt about having asthma, he stated "not so good." He related that he hardly ever had attacks any more.

The author explained that she was going to teach him some tools to hopefully make the asthma easier to live with. He seemed receptive, asking no further questions.

Mr. B. seemed quite interested, inquiring about the approach in
detail. He agreed that the mind seems to play a big part in staying healthy, claiming that he rarely becomes sick. Mr. B. questioned whether John would be appropriate, since he was only six, thinking he would be too young. He asked if he could learn this technique and seemed sincere in his request.

The author expressed appreciation for their openness. She informed them that they would be notified about the dates and times.

Observations

As the sessions proceeded, Mrs. B. verbalized some skepticism regarding the affects of the sessions. The Youth Director from the Community Center questioned her about her apparent resistance. After such confrontation, Mrs. B. continued to be supportive of her son's participation. Unfortunately, John missed several sessions, due to illness, with the illnesses believed to be legitimate.

John was picked up by the author for each session, which allowed for a transition between his home and the session. During this time, the conversation tended to be superficial, inquiring about the weekend's activities or school. This also seemed to facilitate developing a rapport with the child.

The exercises presented in this and other sessions attempted to (1) increase their awareness of their ability to affect the course of their illness, (2) permit them to vent their emotions through drawing and verbalization, and (3) to teach them relaxation
skills and other alternative methods for maintaining health, other than medication.

During the first session, the behavior of both boys seemed to be centered on getting acquainted with the other child. This created interruptions and distractions throughout the hour, necessitating changes in the planned activities. Since a favorable relationship was essential for the remainder of the study, this behavior was permitted.

John recognized the other boy from school, initiating the friendship between them. He seemed to adjust easily to this new situation, joining the other child in an already established game.

Both boys were asked to show with their hands how much they wanted to be free of asthma. John's expressed desire to eliminate his asthma was somewhat conservative, indicating this desire by spreading his hands only a foot apart. From what was expressed throughout the sessions, John seemed to indicate an ambivalence in this regard, seemingly having derived some secondary gains from being ill.

In John's first picture, he gave the impression of a fairly confident child, centering himself in the picture as a primary subject. He stated that his father was taking a picture of him on a diving board. This could be significant, with this situation representing a certain sense of risk. Standing on a diving board can also be somewhat precarious or unstable.

John informed the group that he was being taken to the toy
store that evening, as an attack had prevented him from visiting his grandmother. It is this type of well-meant attention that reinforces the asthma, indirectly rewarding John for having an attack.

The story of Snow White and the Seven Dwarfs was then reiterated to the two boys, relating it to the centers of the body. This concept was not readily absorbed, with John being distracted by a game in the room. During the application of this concept, in which the boys were told to visualize the Dwarfs shutting off his "asthma faucets," John appeared initially anxious, then seemed to relax by the end of the exercise.

After being permitted to play for a short time, John was asked to draw a second picture. Here, he appeared much more abstracted, and seemingly less significant. His name was most outstanding. He claimed to have drawn the asthma inside his body, yet it clearly appeared to be outside himself in this picture. This gives the impression that the asthma was perceived as being detached from the child, something that was imposed from the outside, which eluded to being less easily controlled by the person.

John responded well to the Tai Chi, and continued to enjoy this aspect of the session throughout the study.

Upon concluding the session, John was encouraged to use these new tools if he felt an attack was coming on.

Mrs. B. was asked to keep a log. At this point of the study, she continued to appear optimistic.
By the second session, John had calmed down, spending less time interrupting the interacting with the other subject at inappropriate times. In discussing the previous weeks activities, he stated that he had practiced, still appearing excited. From this time on, his behavior tended to be quieter and more passive. Being in a relatively strange home with unfamiliar people could have been one factor.

The order of the exercises was slightly altered, beginning with the relaxation technique. This was done primarily to help in eliminating any initial anxiety, that was viewed as a natural response to the session.

John responded well to a fantasy which suggested he was being surrounded by a bubble that absorbed the asthma. He frequently expressed wheezing diminished following such visualization.

In his next picture, a change was noted. He drew himself as being less significant in the drawing. John used all possible colors to create a rainbow, coloring himself in the same way, with the rainbow almost overpowering him. His desire to use all the colors seemed indicative of his resourcefulness, in taking advantage of all that was available to him.

When asked what it would be like to get rid of asthma, John responded that he did not know, since he has always had it. It was difficult to encourage him to visualize being healthy, as the asthmatic condition was so much a part of his life, with a seeming reluctance to let go of the asthma. This can be compared to letting...
go of a friend whom is known to be harmful to the child, but yet, still a friend. John seemed hesitant to simply fantasize himself being free of asthma.

In introducing the visualization technique again, he expressed some resistance, claiming to dislike the dark experienced when his eyes were closed. As he began to focus in and respond to the visualization, he remarked that "Doc is helping him." It is interesting that he gave the role of doctor so much power, carrying this out even in his fantasy.

John seemed quite guarded while drawing his second picture, yet wanted to be the first to share. In this drawing, and the one that followed, he intellectualized his feelings, expressing himself solely through words.

In the "brush down,"¹ a team exercise that followed, he seemed uninhibited, not hesitating to touch the other boy's genital area or buttocks. He presented himself as being quite comfortable with his own body, which serves to facilitate the techniques taught here.

At the conclusion of the session, a log was composed with both boys as a follow-up for each of the sessions. The purpose of the log was to chart attacks that occurred during the week.

When John was brought home, Mrs. B. stated that he had another

¹Brush down--this is a technique used by the actualists to aid in eliminating low frequency energy in the body. The exercise is performed in partners, each taking turns in this exchange. The exercise consists of using the hands to stroke various parts of the body, beginning with the head and ending with the legs and feet (Weiss: 1977).
attack previous to this session and wondered why. She had assumed that the practice introduced would immediately relieve the asthma. This seemed to confirm for her that the technique was invalid, reinforcing feelings of pessimism. As her attitude was expressed to the Youth Director of the Community Center, the Director questioned her resistance. The Director apparently explained how such resistance only serves to undermine any effort to help the child. Following this encounter, Mrs. B. was cooperative and quite positive regarding the study.

By the third session, John had begun to verbalize his feeling ill, stating that he had a "black" attack over the weekend (black was used on the log to indicate a severe attack). His picture further expressed these feelings, writing out "I fell ill."

When he was allowed to decide how the remainder of the session would be conducted, he stated that he would like to be the beach, with people walking on him, the waves covering him. He seemed to be expressing feelings of being "victimized." Being the beach would seem to denote a certain passivity, or helplessness, which he may similarly feel in regards to the asthma. This theme, of being the beach, was incorporated into the visualization, using the ocean to create positive feelings by rinsing away the asthma. Following the visualization, he remarked that he itched; the author reminded him that this was a healthy sign.

During the second visualization exercise, John was asked to choose a Dwarf to work with. He was instructed to especially
concentrate on his wheezing, which he stated dissipated after the exercise. John stayed with the exercise for several minutes, seeming less restless this day. He again expressed itching following the visualization.

In his second picture, he seemed to further express feelings of being victimized, drawing himself covered in green. He was quite thorough in this expression, also covering the clouds and sun. He drew himself holding a "help" sign.

John did not attend the following two sessions due to illness, which was confirmed at the next session he attended.

Session VI was conducted at his house in his room, since the other boy was absent from this session. He seemed to miss the other boy, inquiring about him. He seemed somewhat inhibited, not readily responding to the experimenter's questions. He stated that he was too ill to practice the exercises. He remarked that he did not remember the technique, wanting it reviewed. He seemed to be disappointed when he was told that the sessions were ending soon, the following week being the last session.

For the first time, he drew himself incomplete, leaving off his feet, with each picture progressively revealing feelings of helplessness. His tendency had been to draw himself smiling, indicating the ambivalence of his feelings.

When re-introduced to the visualization technique, he responded as before, initially restless, then relaxed. He seemed to respond well to the fantasy, which encouraged him to create a
special place, a secret place. He stated his intent to visit that place after the author left. This technique allowed the child to experience a specialness in a positive way. The asthmatic condition seemed to leave the child with feelings of helplessness. This visualization suggested a sense of power and of taking control of the environment, as compared to being manipulated by it.

In discussing with John his desire to be well, his ambivalence again became apparent. He stated that he wished to be well, yet followed by saying, that he disliked school, and at times, became sick for that reason. Missing school then became a secondary gain.

His second drawing followed this conversation with Brian. He drew a roller coaster. If the roller coaster represented Brian's feelings, then one is given the impression of constant change and fluctuation, with his life being unpredictable. The author believed that this was how John experienced life, the asthma being unpredictable. Similar to the roller coaster, the asthma was as repelling as it was alluring.

The last session was held again at his house, this time in his brother's room. As this was his last session, both the author and John spent some time expressing their feelings.

Since John had not recorded his "special place" as he had planned, time was given for this exercise. He was quite secretive and cautious in accomplishing this task. He seemed to respond intently to this technique, becoming quite animated. He continued to exhibit secretiveness while drawing his second picture. He
represented himself inside an enclosure, which he described as the
world. A protective feeling was conveyed, leaving no opening to
the outside. A feeling of helplessness was also expressed, as he
neglected to draw hands or feet. What was not clear is if the
protection was imposed from without or created by Brian himself.
He again drew himself smiling.

The remainder of the session focused on reviewing various
visualization techniques, assisting him to create one that would be
suited to his particular interests. His favorite show was incor-
porated into a final visualization, in which he was asked to
visualize himself as a machine. The fantasy concluded with John
seeing himself as a perfect working unit, all of his parts
coordinated and strong.

After a "brush down," John drew his last picture. He again
created a roller coaster, however this time, provided a means of
protection if he fell. Feelings of hostility and anger also seemed
present, with John remarking that the others would "crash in a
bloody mess." In comparing this to his first picture, it seems that
John had similarly placed himself in a situation involving risk,
yet usually providing a means of obvious safety. The author felt
that this risk-taking could be encouraged in assisting him to let
go of his need to be ill, replacing this with a need to be well.

Mrs. B. encouraged the author to call in the future, if she
had any questions, appearing to be quite obliging. Although the
affects of the study were not certain, both Mrs. B. and John seemed to finish with a sense of optimism.

CASE II

This case differs dramatically from the first. In Case I, Mrs. B. exhibited what was viewed by the author as a parent's normal fear and reluctance regarding the welfare of her child. However, John's mother generally appeared supportive and optimistic throughout the study.

In contrast, this case initially began with the same sense of support from the second boy's mother who appeared cooperative and open. However, as the sessions progressed, she became increasingly hostile. By session three, she had become significantly uncooperative and by session four was consistently disruptive.

As supported by the literature, her behavior probably reflected her need to have her son sustain a "sick" role. This interpersonal need was debilitating to the son, preventing him from benefiting fully from the exercises. By session five she was so threatened by her son's involvement that she demanded that he be removed from the study.

Because of this action by the parent, the author cannot empirically document this evolving destructive behavior toward her son's involvement. However, she can speculate on this developing behavior based on the review of the literature. Therefore, a synoptic review of the involvement is presented at this time.
The boy's parents and sister were present for this second interview, which was conducted in their home. The father appeared superficially interested. He commented that he intended to only stay for part of the interview, just wanting to hear the basics. Although the boy's mother presented herself on the phone as being quite cooperative, the information she provided in the interview regarding her son was quite vague and sketchy.

This was the second marriage for both parents, with about fifteen years difference between them. Soon after birth the boy experienced a dramatic change in his environment. He had major surgery at six months old, recovering from it completely. Shortly thereafter, he was found to be asthmatic, with no apparent precipitating cause. Since that time, his attacks have been quite severe, the attacks often lasting for at least two week intervals. Because of this, he has suffered long periods of absenteeism from school. He was and still is treated with various conventional medications to prevent future attacks. He appeared physically somewhat overweight for his size, and seems slightly younger than his stated age.

His mother described him as being quite likeable, having many friends of various ages. His social life had been quite adequate in this regard, spending much of his free time with others. (This is questionable, as it is usually difficult to maintain friendships and be socially active when frequently absent.) Intellectually, the boy was described as being very bright, being above average in
intelligence. He began reading at an early age, and fortunately had not suffered from his lack of attendance at school. He has a speech disorder, for which he is receiving therapy.

His sister (teenaged child from a previous marriage) stated that they were quite close. Expressed were very loving feelings for the brother and being quite helpful in giving him the care he needed. The brother was viewed as a companion although there was a significant difference in ages.

When the boy was interviewed, concerning his feelings about asthma, he expressed that although he felt very bad, he could handle the situation when well. He was asked if he would like to be able to handle it when he is sick, responding, that he would. The author explained that she would be teaching him to relax along with new ways of having fun. He seemed receptive to this. It was explained how often they would meet and for what duration. He had no further questions, nor did his parents.

Subsequently, when she was informed that the sessions would be conducted at the center, the mother explained that this may be a problem when he is sick, which had been frequent. She offered her home as an alternative, assuring the author of privacy during that time. This gesture might have been a first effort by her to exercise control over her son's involvement in the exercises.

In coordinating the meeting times, she stated that she would have to postpone her son's therapy, but was willing to do this. She verbally committed herself to the eight sessions, that would
meet twice a week for forty-five minutes.

Observations

As the sessions proceeded, it appeared that when the mother perceived her son becoming more in control, she apparently experienced a sense of a loss of control. The more responsive and involved her son became, the more disruptive and debilitating she became. It seems, in retrospect, that she gradually limited her son's participation in the study, in an effort to regain her loss of control over him. This need to control will be a primary focus of the remainder of this case study.

As with John, the first session seemed to focus on getting acquainted and establishing a relationship with both boys and the author. The boy's optimism and desire to be healthy was apparent in the first session, expressing this desire verbally and in action. His friendly manner continued throughout the study.

From the onset of the sessions, his desire to change his situation was reflected in his participation, becoming fully involved in the various exercises. The drawing activity seemed to be especially beneficial in assisting him to express his emotions. The pattern of his pictures seemed to vacillate between feelings of meaninglessness and helplessness to being powerful and in control. The absence of body parts and the minimizing of his body in proportion to the total picture seems significant, with this lack of wholeness present throughout his drawings.
Other drawings portrayed subject two as a person in charge. In one picture he drew himself as a participant in a game, composing and carrying out the rules. A later picture shows subject two as the captain of his own ship, responsible for an entire crew.

As the sessions progressed, he appeared increasingly more open and trusting, expressing more intense feelings in his art. By the fourth session, he began expressing feelings of anger and confusion and an inability to express his feelings to others. A sense of not being understood or listened to by family members was also conveyed. The drawing of a maze and the repeated drawing of closed figures seemed to confirm feelings of entrapment and an inability to control or change his situation.

In his last drawing, he drew a race track, with only half of it visible. If the boy is assumed to be that race track, then a feeling of being only partially visible to others and being trampled upon was being conveyed.

His response to other activities was equally positive, becoming actively involved in the visualization and relaxation exercises. He gave little resistance, appearing motivated and interested in each of the techniques offered. He began to manifest physical evidence that the healing process was effective, reporting itching sensations (itching is an indication that healing is occurring) and appearing calmer following the exercises. His ability to recall the previous week's activities seemed to further suggest his motivation and responsiveness to the techniques offered.
His mother's behavior appeared in opposition to her son's. She became increasingly pessimistic and resistant as her son became more open and involved.

Following this first session she telephoned the author to inquire about the session. This behavior continued, as she would persistently inquire about the exact content of each of the sessions. When asked about the session, her son told her he did not remember. When questioned in the next session, he recalled for the author everything that had transpired during the previous session. A nightmare on the evening following the first session was explained to the mother as a healthy release of emotions, and may not necessarily be a direct result of the sessions. She expressed her intent to withdraw her son from the study if it occurred again. Her resistance seemed to prevent her from integrating the information, maintaining that the nightmares were a negative affect of the sessions.

During session four, she demanded to be present, this session being one in which her son was the sole participant. This violated a previously agreed upon commitment not to interfere. Prior to this intrusion, her son asked if he could lock the door. (The author speculates that he was beginning to sense his mother's increased need to control and to express his disapproval.) She sat physically above everyone. Her presence was a clear distraction for her son. Seemingly, this need to distract was part of her need to control the situation.
When the session concluded, she informed the author that her son would only be coming once a week, as he would now be involved in therapy. Her attempts to further limit and control her son's involvement appeared more deliberate as she resisted the alternative session times that were suggested. When reminded of her commitment, she responded that it did not seem to be working anyway. She seemed to discount her son's feelings, explaining that even though he wanted to continue, she felt he really did not understand. She phoned the other parent prior to the sixth session, saying that her son would not be continuing. This seemed to be a final attempt to undermine the purpose of the study. In a phone conversation with her, the author tried to determine her reason for keeping her son from the session. She stated that he had "a friend over." She negated any positive affects that may have taken place, assuming for her son that it was not helping him. It was right after this conversation that she withdrew her son.

The author concludes that this was a pattern of her relationship with her son, verbally committing herself to help him, yet undermining attempts to do so. In maintaining such control over him, it prevents him from taking responsibility over his health.
In applying the literature to the case studies, several areas seem to deserve attention.

In reviewing the literature regarding energy fields, one is reminded of Gawain's (1978; pg. 17) theory, that all beings and all things are part of one energy field. Through Schofield's (as quoted by Weiss: 1977) teachings it has been learned that each person is surrounded by an energy field, which originates within and emanates outward beyond the physical body. Through Kirlian photography, a flow of energy was described, with such a flow implying interaction between humans (Moss: 1974).

In applying this to the case studies, Abramson's (1954 as quoted by Apley: 1968; pg. 78) work with asthmatics also seems relevant. He stated that the parent and the child are mutually engulfed in the problem and treatment of the condition.

If the concept of energy fields is assumed to be true, and also accepting that both the parent and the child are mutually involved in the condition, then it seems possible that there may be
a great deal of overlap in their energy fields, possible merging as one field. It is suggested by the author that in working with either of the boys it was necessary to simultaneously work with their mothers, with the mother and child in these cases virtually one entity. Because the focus of the study was on play as a creative experience, the parents were not to be included in the sessions. As the previous discussion revealed, this decision was not wise.

In Loomis' (1975; pg. 113) discussion of wholeness and health he wrote of the necessity for viewing the patient as part of the treatment team. Schwartz (1960; pg. 271-274) and Treating and Ripley (1948 as quoted by Chong: 1977; pg. ) both write that in treating the asthmatic child, one must treat the whole environment, including the entire family. With these theories, each person is given responsibility for health or wholeness along with treating the family as a unit.

Studies conducted by Treating and Ripley (1948 as quoted by Chong: 1977; pg. ) suggested that illness in the child can be an indicator of disorder in the family, with the child's illness possibly manifested by such disorder.

From this theory the author speculates that an overlapping in energy fields exists between family members who are interdependent, necessitating treatment of the entire family.

In this study, the author attempted to allow the two boys to be responsible for their own health. This was not totally effective,
with various problems being encountered throughout the study, giving the mothers only minimal responsibility in the healing process. The study attempted to release blocks in the subjects' energy fields, however, simultaneous channels were not afforded the parents, resulting in additional obstructions.

Much of John's family seemed to be oriented around his asthma. Mrs. B. appeared preoccupied with eliminating possible allergens from the environment, recently having the floors redone to minimize the dust. Such attentiveness seemed to give Mrs. B.'s life purpose, with the author basing this contention of Apley's (1968; pg. 78) belief, that the mother and child are mutually engulfed in the problem. John's brother's activities likewise seemed to revolve around him, with his participation in sports and weekend visits to relatives and friends often postponed as a result of John's attacks.

In working with the entire family, the focus of each person's attention would have to change. Mrs. B. would have to find alternative means of fulfillment, and simultaneously encouraging John's independence. Mr. B. seemed concerned for him but did not appear consumed by his asthma, as other family members appeared.

The lack of wholeness or health as a family seemed to be reflected in John's drawings (Perls: 1969). A sense of family unity was not evident in his pictures in which he always appeared alone, once mentioning the presence of his father. In several pictures, he did not draw himself as whole, excluding body parts,
at times just drawing the head. The pictures seemed to reveal that he did not perceive himself as part of a whole, either as a family member or as whole unto himself.

The other boy's mother seemed to have the greatest involvement in her son's asthma. Karagulla's (1967; pg. 162) concept of the sapper seems applicable here, with her description of the sapper applicable to the mother's actions. She described the sapper as being self-centered with a closed energy field, being incapable of utilizing one's own energy. The person may appear altruistic, expressing a great concern for the welfare of the victim. Compulsive talking (evidenced in the mother's behavior) is considered as a way of pulling energy from the victim through the weakest vortice (the lungs).

Empirical support for the sapper is found in the role of the mother. She did not allow her son to make his own decisions, shortening the number of sessions without his input. She seemed to assume that he did not understand, feeling her decision was best. She was insistent about observing a session, with the author feeling that the privacy and trust that had seemed to develop between her and the boy had been hindered. Her self-centeredness was apparent to the author in encounters with her.

Initially, she cooperated completely in the study, stating that she was willing to try anything. Her actions contradicted this though, progressively interferring with the sessions. She talked incessantly with the author, following this pattern on other
occasions. It is speculated by the author that she is incapable of utilizing her own energies, "victimizing" her son as a result. When her son demonstrated signs of control or health, she seemed to assert her control even more.

The behavior of both mothers may also be explained in terms of their own need for balance, lacking integration of their emotional, physical, and spiritual natures (Loomis: 1975). A compulsive need to clean, self-centeredness, compulsive talking, and the interrupting of sessions is viewed by the author as anxiety, which results from an imbalance in the emotional center (Weiss: 1977). The imbalances of both boys were in the same center, manifested physically as the asthma. The author speculates that had the mothers been involved fully in the sessions, working with their sons as a unit, some of the anxiety may have been minimized by also dealing with their problems.

In the second boy's pictures, the theme seemed to alternate between feelings of powerfulness and control and helplessness and insignificance. As mentioned with John, his pictures similarly lacked a feeling of wholeness, never having drawn his entire body. A feeling of oneness was frequently conveyed, usually appearing alone or completely excluded from the picture (Perls: 1969).

Kilner (1911 as quoted by LeShan: 1966; pg. 223) wrote that modifications in the energy field occurs as a result of experience encountered during the day, with ideas, activities, and emotions affecting this field. Russell Schofield (1969 as quoted by Weiss:
1977) identified seven centers responsible for various functions, with obstructions in these centers producing various manifestations in the person's total environment.

The Physical Heart Center was described as being responsible for the maintenance of the physical body, maintaining a balance between the various organs. It is also responsible for relationships outside the physical body, maintaining a balance between individuals and a balance in the emotional nature (Weiss: 1977).

Apley (1968; pg. 12-13) stated that illness can be provoked by infection, emotions, and/or foreign protein, with each reinforcing the other, creating a bodily disturbance in the cardiovascular system, stomach, nose, and throat areas. The relationship of these body organs and their functions in the body have become imbalanced, resulting in asthma (Weiss: 1977).

Several characteristics have been attributed to the asthmatic child, indicating an imbalance in the emotional nature, including depression, anger, anxiety and insecurity, irritability, tension, and timidity (Apley: 1968, Chong: 1977). Chong (1977; pgs. 71-81) states that there is a high degree of emotional tension without proper release, resulting in depression, anger, and passivity.

Apley (1968; pg. 10) associates the first asthmatic attack with a strong emotional episode, with asthma becoming established as a disorder. The illness for both boys seemed to have occurred following a strong emotional episode. For John a fire in his backyard seemed to be the incident that established the asthmatic
pattern. Although he had an attack previously, the asthma did not reoccur until this episode, with the asthmatic attacks then becoming regular and more frequent. A radical change in environment, surgery at six-months old, seemed to precipitate the asthmatic attacks for the other boy.

French (as quoted by Schwartz: 1960; pg. 88) found that asthmatic attacks tended to follow situations that threatened to separate the mother and the child, with the asthmatic response being a physiological process created in the struggle for survival. A change in environment and surgery, and a fire, are situations that may have been perceived by the boys as threatening in terms of separation.

A suppressed anger seemed to be visible in the second boy's pictures, accompanied by feelings of withdrawal, depression, isolation, and insecurity. An imbalance of his physical, emotional, and mental natures was also evident in the interpretation of the pictures, tending to present himself through the intellect, and at times, indicating an inability to express himself emotionally.

These blocks seemed to have been reinforced in his environment, fostering his concept of himself as disordered, with feelings of insecurity and anxiety also apparent in the mother. Studies by Strauss (1935 as quoted by Chong: 1977; pg. 80) found that characteristics of the asthmatic child are often reflected in the parent.

John's mother described him as fidgety, possibly suggestive of
anxiety. Although he verbalized having many friends, this was not validated by his pictures, in which he always appeared alone. An imbalance of his emotional, physical, and mental aspects was visible in his work. The eliminating of body parts and the apparent need to intellectualize his feelings by drawing words, are believed by the author to be indicative of this lack of wholeness.

Karagulla (1967; pgs. 11-23), in her discussion of states of consciousness, seemed to convey that health becomes possible when the unconscious mind is brought into consciousness, releasing repressed emotions and thoughts. This was also supported by Chong (1977; pg. 75-81), who has written that emotions repressed in the unconscious may be somatized in the asthmatic attack.

The term denial has also been used in reference to the asthmatic child, describing an absence of fantasy and affect, with one's internal reality blocked. This denial in turn causes stress, which manifests in the asthmatic episode, with continued attacks becoming a defense mechanism for dealing with this stress (Frybergh: 1973).

The drawings executed by the two boys consistently revealed repressed anger, depression, anxiety, and ambivalence. The author speculates that the nightmare, which occurred following the first session, may have been an attempt by the second boy to release these repressed feelings, possibly becoming aware of them during the drawing and visualization exercises. His mother became alarmed at this occurrence, seemingly not understanding the benefits
of such dreams. Olsen (1977; pgs. 76-77) has written that when the creative flow is blocked, subsequent obstructions also occur in the emotional, mental, and physical natures. Her expressed desire to prevent these nightmares is viewed by the author as inhibiting the creative force, thus reinforcing the obstructions.

Perhaps the theory which is most significant for the two boys is the redefining of health, or becoming healing oriented. Villolde (1978 Symposium) stated that in becoming healing oriented, there must be a return to the natural state. A person must begin to see him/herself as a combination of his/her physical, mental, and emotional natures.

The author believes that this re-orientation to health be a first step for both boys and their families. The subjects and their families need to acknowledge the various aspects of the self, enabling verbal communication, the arts, or other means of expression.

Gawain (1978; pg. 18) has written, that what one thinks is manifested in actions, with positive thoughts manifesting positive actions. Neither mother seemed to generate such positive thoughts in regards to the study. Both indicated feelings of doubt, with one also expressing feelings of anger. It follows, that these thoughts may have manifested certain negative outcomes. The author speculates that this may have been the reason that John became ill shortly after the sessions commenced and why the second boy was not able to attend the last two sessions.
The American Indian has written, that four essentials to healing include a desire to be well, faith that it can happen, forgiveness, and a change in lifestyle (Loomis: 1975). Schwartz (1960; pg. 262) similarly writes of the necessity of restoring confidence to the individual, his family, and the designated healer or practitioner.

John seemed ambivalent in his desire to be well, obtaining certain secondary gains from the illness. His mother, too, seemed to gain, achieving feelings of adequacy and purpose in caring for her child. Although Mrs. B. expressed a hopefulness that John would be well, her actions and thoughts, at times contradicted this. John also verbalized that it was difficult for him to imagine being healthy, since he had been asthmatic for most of his life. As revealed in his drawings, a certain degree of anger was present, however, the author believes this to be unexpressed in conscious thought.

This unexpressed anger seemed to be passively expressed by his mother, deliberately smoking after meticulously cleaning the house. When this anger is unexpressed, forgiveness is not facilitated, with a lack of awareness of the anger similarly masking the need for forgiveness.

The need for risk and communication was discussed earlier in regards to John and was also apparent in the series of drawings. In one picture, in which the second boy drew his sister, the pupils, ears, and body were absent, which are the typical means of communication. Following the Gestalt approach (Perls: 1969),
if he is that picture, then he has portrayed himself as having no channels for expression.

A similar situation seemed to exist for both boys. It is believed that they genuinely wanted to be well, however, it seemed that their mother had some ambivalence in this regard. Studies by Abramson (1954 as quoted by Apley: 1968; pg. 78) found that the mothers of asthmatic children had strong ambivalent feelings towards their child. The author speculates that the second boy's mother wanted her son to be well, however, due to the sense of purpose derived from his condition, also unconsciously wanted him to remain asthmatic. The author further believes that this conflict resulted in feelings of guilt and anger.

While the author was conducting the sessions, she became the designated healer or professional. Neither mother seemed confident with this, again verbally doubting the validity of her approach. The author believes that this doubt may, again, be a result of their own anxieties, projecting those feelings outward.

Svihus (1977; pg. 14) has written that disease begins with one's attitudes and beliefs, manifested in one's lifestyle, body energy, and physical condition. Responsibility for health should be given to the person. Loomis (1975; pgs. 13-15) states that this desire for health is innate in all beings, with fear disrupting the process of health or wholeness, resulting in indecision and apathy.

The author speculates that this fear may have been the most disruptive element throughout the study. Again, it seems that the
full participation of the parents in the study may have prevented or alleviated this fear, orienting them to the techniques to be used and the philosophy they are based on.

Throughout the study the emphasis has been on wholeness, or the integration of the complete person, including the person's total environment. In reviewing the cases of the two boys it has become apparent to the author that in working towards wholeness, especially when working within a family situation, all the persons in that subject's environment must be included in this process. It is believed by the author that part of the boys' conditions were manifestations of imbalances occurring within the entire family. Therefore, in order to achieve wholeness of any one person in that family, one must deal with every member of that unit.
CHAPTER VI

SUMMARY AND CONCLUSION

The intent of this study was to explore the possibility of using various self-healing techniques in the treatment of asthmatic children, with a special emphasis on the Actualism technique (Metzner: 1969 as quoted by Metzner: 1971) and visualization (Gawain: 1978).

The "Review of the Literature" focused on several areas. The existence of energy fields was substantiated, presenting scientific evidence of the physical nature of these fields through the process of Kirlian photography (Moss: 1974). Documented observations of several psychics were also included here. The possibilities of utilizing one's own energy was discussed in detail, describing this in terms of self-healing and the healing of others.

A wholistic concept of health was presented, which considers man as a spiritual, mental, and physical being. Learning to view man within his total life scope was indicated as necessary in the maintenance of the healthy or whole individual.

Creativity was defined as a manifestation of what is felt internally. The creative arts were suggested as a modality for
increasing one's awareness of this internal reality, assisting the individual to release blocks to his emotional, physical, or mental capacities.

Various theories of asthma were discussed and compared, focusing on somatic and psychosomatic approaches. The physical dynamics of the disease was explored, from the onset of attack through the course of the illness. Characteristics of the asthmatic child and his family were presented, followed by various approaches to treatment.

Two subjects were secured, with the assistance of the Community Center, their appropriateness determined through phone and personal interviews.

A series of seven sessions were conducted, with each session focusing on the individuals' desire to be healthy, executing various healing techniques to achieve this end. Art was used as a modality for increasing the subjects' awareness of their feelings, and simultaneously releasing blocks to the mental, physical, and emotional centers.

Communication was facilitated following the art exercises, discussing the content of the pictures and giving additional feedback to the subjects. The experience was validated and reinforced by allowing for verbalization.

Creative Visualization and Actualism were utilized in assisting the subjects to harness their own healing potentials. The subjects
were familiarized with various visualization exercises, allowing for their input in developing these fantasies.

Tai Chi exercises were provided as a physical release, with such release necessary in providing an openness for the remainder of the session.

A second drawing exercise was conducted, in an effort to compare initial feelings experienced at the onset of the session with feelings experienced at the conclusion. Of greater significance was a review of the entire sequence of pictures, providing a profile of the asthmatic child.

An attempt was made, to include the parent in the study, requesting them to keep a log of their child's attacks, during the course of the study. The subjects were also asked to keep a log which was designed by the author and youngster jointly.

A detailed description of the sessions was provided, giving a background for the case studies that followed. Specific techniques utilized, the response of the subjects, interaction with the parents, and the feelings of the author and observer were also reported.

Two case studies were developed, based on the interviews, information obtained in the sessions, and additional interactions that transpired between the sessions. An analysis of the series of drawings was presented, accompanied by an analysis of the clients' participation, and resultant parent participation.

The Literature was applied to the case studies, discussing the
relevancy of various theories, in relation to the subjects and their families, as perceived through the study sessions.

Support for the theory, that ultimately individuals are responsible for their own health was given by the author.

Although other theories (psychoanalytic, role, reality) can explain the data, the orientation of parapsychology is also applicable in explaining what occurred.

The author concludes, that the study was successful in illustrating that the subject area presented is worthy of further investigation and research. It was also concluded, that the conceptual framework originally presented was not totally supported by the results, because of the unanticipated behavior of the boys' mothers.

The author believed, that in using various healing techniques with asthmatic subjects, their asthmatic condition would diminish in intensity. In reviewing the series of drawings, it seemed that a release of unconsciously repressed feelings was facilitated, gaining some awareness into the emotional nature of their illness. Both boys seemed to respond to the techniques presented, verbalizing physical sensations of itching, which is significant in the healing process.

A minimizing of the asthmatic disorder did not occur, as a result of various unpredictable factors.

Although both sets of parents were partially involved in the study, this participation seemed to create more of a disruption than
a support. In light of the literature presented, it is apparent that in dealing with the subject, one must deal with the parent(s), and if possible, the entire family, thereby maximizing the results. In this study, one mother provided the greatest adversity.

The description of the mother gives credence to the Denver study, in which children removed from the home environment were found to recover promptly or with the assistance of minimal medication.

Secondly, it was assumed that the environment used to conduct the study would similarly facilitate successful results. It was not predicted that one of the boy's mother would interfere with the sessions, creating an atmosphere of hostility and discomfort. This resulted in inconsistencies in the environment, with the sessions conducted in various settings.

In using more subjects, it was assumed that the results would be more visible, or maximized. A child's need for peer approval and acceptance was overlooked. This need for approval, one from the other, created certain disruptions in the various techniques utilized. As an example, there was an initial tendency for the subjects to mimic each others drawings, with such mimicry possibly distorting the content of their visualizations.

In conclusion, two statements may be made about this study. First, an original question raised at the beginning of this project related to the use of the wholistic approach in therapeutic recreation, especially play as a creative (and potentially healing) force.
Although the study did not lend strong support to the use of self-healing techniques in the treatment of asthma, some success was demonstrated in using play as a means for self-expression with subsequent emotional release. If a wholistic approach to therapeutic recreation is accepted, observable changes in one aspect of a person's nature (mind, body, spirit) results in the realization of benefits to the other aspects.

A wholistic approach to therapeutic recreation begins with an awareness of an individual's physical, mental, and emotional (spiritual) natures. The inclusion of all helping professionals and the client as part of a team is also of primary importance.

Second, the use of a parapsychological approach to alleviating the symptoms of asthma in a child seems to require an intense one-on-one correspondence with the asthmatic, his/her immediate family, and situations occurring within the environment. This correspondence does not lend itself to a casual treatment setting.

RECOMMENDATIONS

If this study were to be conducted again, the author proposes several recommendations.

It is suggested first, that a neutral environment be secured, one which has no significance to the participants, since a person is affected by every facet of his/her environment. A feeling of comfort and security is essential, eliminating anything that may contribute to the present disordered state.
Participation of the entire family is recommended, especially the parent who appears most involved in the child and his/her condition, which in this study were the mothers. An orientation session could be aimed at acquainting the family with the techniques that would be utilized as well as the theories the study was based on. A medical physician could be included in this orientation, assisting to reassure the family.

The parent and child could work together towards the attainment of health, rather than towards preventing illness, entering into the healing process as partners. This joint cooperation would minimize feelings of fear and anxiety of the mother, enlisting her continued support for participation in the sessions. Alternatives could be introduced, assisting the parent to discover healthier channels for gaining feelings of adequacy and purpose, other than from caring for the asthmatic child. If health is to be achieved through an approach of wholeness and balance, then it follows that the entire family should be included in this process.

The author further recommends working with one subject, and/or family exclusively. If more subjects are desired, then several private sessions are suggested. This would prevent the possible influence by the other subjects, again maximizing the validity and success of the final outcome.

Various centers are now emerging whose philosophy and practice is towards wholistic health. This would be an ideal facility for
carrying out this study, in which the total environment would be healing oriented, including the clients. Contacting this type of facility for future studies, either in regards to securing subjects and/or utilizing their setting, is highly recommended.
POSTSCRIPT

A follow-up was conducted two years after the study, concerning the subjects involved.

The author found that John is still involved in the Community Center, participating in a variety of activities. The other child, however, was withdrawn from the center sometime after this study and placed in a private center.
GLOSSARY

**Actualism**: a teaching which exposes the individual to the evolutionary process and purposes of man/woman. The person learns to channel the energy or light from within, into various aspects of that person's life. Eventually, the use of this tool is integrated into all areas of life (Metzner: 1971).

**Actualist**: A person who believes and practices the principles of Actualism (Weiss: 1977).

**Allergens**: Composites of fat, carbohydrates, minerals, and protein, with the protein component being responsible for the sensitization in humans, precipitating the allergic symptoms (Schwartz: 1960).

**Allergy**: 1. A sensitivity to some stimulus, which causes toxic reactions in the body of two categories: (a) the Atopic reaction which either is inherited or validated by a positive skin test and (b) the Non-Atopic reaction, which has one or both of the above features absent (Logan: 1974). 2. The inability to assimilate a particular substance into the energy field, thereby creating obstructions in that energy field (Weiss: 1977).
Asthma: 1. Allergic in origin, it is the result of inheritance or experience, which predisposes the individual to overreact to a specific stimuli. The disease is typified by a swelling of the bronchioles, causing obstruction of the breathing centers, with the person experiencing recurrent attacks of difficult and painful breathing. These attacks are accompanied by wheezing. 2. A psychological condition (Apley: 1968, Schwartz: 1960). 3. Obstruction to the flow of energy in the Heart Center of the body; blockage to the energy center responsible for repair and maintenance of the body, along with balancing the body within and without (Weiss: 1977).

Aura: A field of force which has been identified by sensitives as surrounding living as well as non-living matter (Kilner: 1911 as quoted by LeShan: 1960).

Conscious Mind: The rational mind, which contains information of immediate recall, available only in states of wakefulness (Moss: 1974).

Clairvoyance: The ability to consistently see phenomenon beyond the range of normal physical sight (Karagulla: 1967).

Creativity: An energy force which expresses outwardly what one feels inwardly; a reaction to inner moods, feelings, or sensations (Katz: 1977).
Denial: The blocking of awareness of one's internal reality, including wishes, impulses, and affect; a psychological mechanism of defense used as a means of keeping painful perceptions, affects, and fantasies out of conscious awareness (Fryberger: 1973).

Energy Body: A second body composed of various light frequencies which inhabits the physical body; generally not visible to others (Moss: 1974).

Energy Field: Anything that exists in the universe, animate or inanimate, material or non-material is composed of light energy, which emanates from the center of that body and extends beyond the physical boundaries. These emanations vary from three inches to thirty feet, with the totality of these emanations mimicking in form the physical body (Moss: 1974, Weiss: 1977).

Healer: A person who affects a change in the physical body of an individual, with such a change being the result of an exchange of energies between the two persons, or a result of the healer stimulating the self-healing process within the individual. In the self-healing process, the person becomes his/her own healer responsible for changing his/her own energy pattern (Loomis: 1975, Weiss: 1977).

Healing: The process of restoring one or returning to a neutral
state that has always existed. Three techniques used are the laying-on-of-hands, visualization, and healing at a distance (Johnson: 1977, Loomis: 1975, Moss: 1974).

Healing Energy: An energy that can be channeled toward the disordered, which can heal directly without intermediary techniques (Moss: 1974).

Health: The flow of light energy without disruption, throughout the system, through all forms of self-expression, dependent upon the balance within the body; a powerful state of potent ongoing awareness and growth (Loomis: 1975, Weiss: 1977).

Hypnotism: Trance states belonging to the realm of psychic phenomenon (Moss: 1974).

Illness: A traditional term for an imbalance within the body, caused by obstructions to the flow of energy that is responsible for healthy states (Weiss: 1977).

Kurlian Photography: Visible evidence of the existence of energy fields and auras, revealed through the use of an electral photographic process (Moss: 1974).

Laying-on-of-Hands: A technique used for channeling healing energy
from one individual to another. The technique may utilize various light tools, with specific hand positions for specific disorders (Weiss: 1977).

**Light-fire:** A component of every energy frequency, which is used with the Actualism techniques of burning out obstructions in various body centers (Schofield: 1969 as quoted by Metzner: 1971).

**Light-tool:** A specific energy that is channeled through the body to eliminate a particular type of obstruction. Every bodily function, emotional and/or physical, corresponds to different light energies, with these light energies becoming tools when utilized. Each tool is identified by name, e.g., the "White Star." (Schofield: 1969 as quoted by Metzner: 1971).

**Meadowlark:** A retreat founded by Evart Loomis, which is a place for physical healing. They begin with modern medicine, then applying the knowledge of Eastern healing. The atmosphere is peaceful and beautiful, with healing oriented to the whole person (Loomis: 1975).

**Obstructions:** Blocks to energy flow, which take place at different levels of consciousness (Metzner: 1971).

**Parapsychology:** A term used in describing a field of study that deals with higher sense perceptions, including altered states (Moss: 1974).
**Parentectomy**: A treatment technique used with asthmatics, which involves removing the child from the parents, living away from the home environment for extended periods of time (Chong: 1977).

**Play**: A means for the discovery of the self; a vehicle for achieving balance in one's life through creative expression; a means for venting feelings, assisting one to cope with various emotions; a means for cognitive and physical growth (Butler, Gotts, and Quisenberg: 1978, Winnicott: 1971).

**Psychosomatic**: 1. Bodily disturbances in which emotional factors play a predominating or initiating role. 2. A method or approach which considers both the somatic and psychological aspects of the individual. 3. A block to energy flow, caused by obstructions (Apley: 1968, Weiss: 1971).

**Preconscious Mind**: Area where information is lost from consciousness, but can be brought to consciousness with some effort; the contents of preconsciousness are not fixed (Moss: 1974).

**States of Consciousness**: Four states of consciousness have been identified, including the conscious mind, the subconscious, the preconscious and the superconscious (Moss: 1974).

**Superconscious**: The level at which one transcends thought; level
at which one experiences heightened sensory perceptions (Moss: 1974).

**Subconscious:** The alert and discriminating level, which performs without thinking; in control of involuntary processes (Moss: 1974).

**Sensitive:** Person who has a sensitivity to higher types of sense perception beyond the ordinary five senses (Moss: 1974).

**Universal Energy Field:** The energy field of which all things and all beings are a part of; all energy that exists in the universe. It has been compared to the concept of the Universal Consciousness, in which all are said to be part of one consciousness. Similarly, all are part of one energy field (Inyushin as quoted by Moss: 1974).

**White Light:** The synthesis of the total spectrum of life-energies found on the evolutionary path. It provides the primary means for purification of personality systems in the form of light-fire. This light is used to purify each of the seven centers of the physical body (Schofield: 1971).

**Wholistic:** The concept that an entity is greater in its wholeness than in the sum of its parts; refers to a state of being in which the individual is integrated at all levels, including the body, mind, and spirit (Svihus and Johnson: 1977).
Wholistic Medicine: An approach to treatment which considers the individual in all aspects of his/her life; embraces all disciplines together as a team, including the physician, psychologist, nurse, social worker, parent, client, and other adjunctive therapists; puts the responsibility for wellness on the individual, with the orientation being one of maintaining or attaining health, rather than towards the cure of disease or illness (Loomis: 1975).
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APPENDIX I

THE STAR PATH TO ACTUALITY

The WHITE ENERGY is the radiant synthesis of the total spectrum of life-energies found on the evolutionary path. It provides the primary means for purification of personality systems in the form of light-fire. Therefore, we begin the purifying process throughout the structures of each center with the concentrated inner fire power of the White Star. Thus, we move forward on the star path to actuality as light-workers in training.

1. Sit erect with both feet on floor. Hold hands palm down on thighs.

2. Let thought direct your attention to the White Star located six inches above the top of the head.

3. Think and let the White Star open for a powerful downpouring of liquid like White energy into the head, fill the physical form, overflow and fill the field. Let cells, organs, and body float.

4. Bring the White Star in an arc in front of the body into the Organizational Center one and one-half inches above the naval, inside the body on the Central Vertical Axis (CVA). Intensify star action. Observe responses.

5. Move star up CVA three inches to Solar Plexus Center, at
lower tip of sternum. Intensify star action. Observe your responses.


7. Move star up CVA three inches to Hermes or Thymus Center. Intensify star action. Observe responses.

8. Move star up CVA three inches to Throat Center. Intensify star action. Observe responses in body.


10. Move star up CVA three inches to top of head, half in, half out. Intensify star action. Observe responses.

11. Move star up CVA six inches to rest position.
APPENDIX II
John
Subject II
Subject II