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Meher Baba and Psychology

The implications of Meher Baba's comments on sanskaras and reincarnation imply profound modifications in the treatment of emotionally disturbed individuals. The factual situation, as Baba describes it, is that action now in this lifetime is the result of a complex of psychic energy knots expressing themselves in receptive (even elective) environment. These energy knots or sanskaras are the tangible results in continuation of multitudes of experiences in the physical world in both this and countless antecedent incarnations and reincarnations. Those experiences (and presumably the controlling bases of the energy knots) are stored in the mental body, and those antecedent to this lifetime are not accessible normally to conscious memory due to a sort of physical barrier in the form of the specific cellular brain of this lifetime. However, the experiences of this lifetime are accessible normally to conscious memory due to the fact that they were traced through the brain in this lifetime.

All memories and root bases of sanskaras are stored in the mental body. This is true of experiences of this lifetime and of all antecedent lifetimes.

The foregoing are the statements of Meher Baba.

From these an extraordinary array of psychological implications result.

In most instances, the factual circumstances engendering the habit patterns/sanskaras, and which in the emotionally disturbed are the bases for their current maladaptations and unbalance, are removed beyond a virtually impregnable barrier of the fact of a new brain which blocks specific recall.

Granted, some (probably quite small) percentage of current maladjustments can be traced in major fashion to events of this lifetime, in which case they are apparently amenable to specific recall and specific redigestion: that is, specific remedial analysis.

However, apparently the majority of maladjustments extend into previous, and even multitudinous previous, lifetimes. These maladjustments, following Baba's description of the key blocking quality of a new physical brain to specific recall, are therefore not amenable to specific recall and redigestion. Nevertheless, the fact that the mental body is the repository of all memory (and root energy bases) of all lifetimes, including this lifetime, offers the clue to a remedial therapy. Although it cannot be by specific recall and redigestion, it can be by the formation of remedial, balancing, counteracting 'new' memories and therefore energy patterns based upon reality, and therefore ultimately consistent and harmonious with the total factual environment in which the individual exists.

Therapy in such cases becomes the constant repetition of certain guiding truths on which the totality of Creation is based. From all that I have been able to observe in several acutely interesting key human development histories, the process is essentially one of (see Francis Brabazon for an observation of the curing of an intestinal infection through massive ingesting of beneficial colonic bacilli) the 'goodies' crowding out the 'baddies'. Truth-based principles are introduced, repeated, and begin to establish themselves in the mental body. (Of course, this is a principle which holds equally for untruth, as was amply demonstrated by the Nazis). Because these new suggestions have an energy/memory component, they in turn become the spring board, however weak, for further action. This action in turn is 'judged' by the actor when it is performed, and if it is found in some manner to be more in harmony with a total sense of reality, then it becomes the base for further and comparable action.

The reinforcing of original *conceptual* action (action based on a sanskara/habit psychic energy knot induced by words and precepts) by an *experienced* action then becomes a relatively significant energy base for further action.

This, in religious parlance, is the 'living of the word'. The early steps are all important and extraordinarily delicate. It takes great courage and trust, as the new energy bases are indeed weak, and all strong contrary energy bases of the millennia are still predominant. The two great assets in this primeval energy battle are the energy of desperation (when one is acutely, desperately conscious of the misery produced by the automatic fulfilment of the old energy pattern pressures) and love and trust for the guide who is suggesting the bold new (but still weak) energy patterns. These two *can* be enough to engender an act of will to say 'no, no' to the deep old energy pattern, and to push into action the feeble new energy pattern.

Once this crisis has been passed, of actually being willing to inhibit the old pattern and to try wholeheartedly the new, then ordinarily an enormous step in therapy has been accomplished. Frequently the process is autocatalytic and in truth the baddies are literally pushed out by the goodies.

But frequently the force of habit based on unrealities is so strong that it must spring again into fulfilment. This is to be expected and is not to be condemned. It is most readily contained and digested through acceptance and the dependance upon one's own inner sense of health and reality. If one does not reject oneself and if above all one does not regard this as a crisis of acceptance or rejection by the guide, then all goes relatively smoothly.

The essence of all this is that the fundamental of a truly basic therapy can rarely rely on specific recall, must not assume that parents/environment of this lifetime are basically involved in the formation of the maladjustment, but *can* rely on the fact that the repository of all memory/impressions/sanskaras - the mental body - is equally open to storing of experience and suggestion of this lifetime.

Thus strong suggestion based upon Truth - and here I know of no other Truth but that based upon the Meher Baba Avatars of the ages - is the inevitable base of therapy of the future.

This in turn points up two fundamental questions. Who will agree as to who the trustworthy exponents of Truth are and have been? And what is the course to follow of the psychologist of the New Humanity who must modify, and possibly break with, the classic traditions of psychology based on a therapy of regression of memory to the original traumatic incident, and a technique still based upon essentially sense-verifiable observation?

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Fundamental factors exposed by Baba whose significance needs clarification.

1. Experiences are stored as energy knots in mental body which survives physical body.
2. These energy knots pressure into repetitive action.
3. After a time a habit pattern tends to reverse itself into the opposite experience.
4. The mental body must store opposite impressions.
5. The personal ego acts as an inhibitor to many impressions and especially of opposing impressions.
6. Energy within the psychic knot can apparently be at least partially discharged by arousal of the impression to the conscious level *but* failure to put it into repetitive action *through simultaneous activation of a more powerful energy pattern*, such as love for a dear one, *inconsistent with the aroused impression*.
7. Another method of discharge of such energy is frank examination of results of action, which, intuitively (comparison with the Truth accessible through

the soul) is rejected as inferior even if the impression is golden. However this is far slower.

8. Blockage of specific recall of events in previous reincarnations through new brain.
9. Is mass absorption of Truth a means of statistical neutralisation in mental body of impressions of Illusion (Untruth) or must each specific illusory impression be discharged regardless. If the latter, which I suspect is the case, is discharge assisted and/or softened by absorption of Truth?

MIND Conference at High Leigh

Richard Stubbington

MIND has just held a training course at High Leigh Conference Centre, Hoddesdon, which it believes is the first to teach the techniques of effective representation of psychiatric patients who are appealing against compulsory hospitalization, and who 'want out'. Under the Mental Health Act, 1959, these patients have the right, after an interval, to appeal to a Mental Health Review Tribunal, and this tribunal bears evidence for and against their discharge. They can and sometimes do, decide against medical advice. Discharging a patient who is deemed to be either a danger to him or herself, is the principal hob of these tribunals, and is a most important one, both for the patient and for the community. The only other power a tribunal may have - but this is one of less immediate concern - may be to hear a case for the altering of a patient's diagnostic status: this may affect where he receives treatment, but will not lead to that patient leaving hospital.

The importance of the tribunal lies in the fact that for most patients it is their only hope of getting out of seemingly endless detention. That they are detained in the first place is justifiable in two principal ways. One, their mental condition may so affect their behaviour that either their own safety or that of their neighbours, family etc., make this necessary. There cannot be a precise or agreed definition of a 'danger to safety' in this context, and it cannot be disputed that it is often wrongly applied. Although we are dealing with professional judgements, which, from my experience can only be questioned to a limited degree, these same judgements do take account of external or non-medical factors, such as the attitudes of others involved in any crisis situation, and inconsistency can arise from that cause as between two otherwise similar cases. The second justification for detention lies in law-breaking behaviour arising from mental illness, for which prison might sometimes be the normal response. These patients are detained and treated in hospital instead of going to prison. The period of their detention is far longer than any prison sentence would normally have been.

There are several ways of leaving hospital, once admitted as a compulsory patient. The simplest to understand, and hardest to put into practice, is to pacify the fears of the deciding authorities by impeccable behaviour while there. The disadvantage with this