

## EXAMINING THE VALIDITY OF A COMPUTERIZED CHAKRA MEASURING INSTRUMENT: *A Pilot Study*

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### ABSTRACT

**Context:** The chakra system, a complex network of energy vortexes that receive and process energy within the body, has been espoused for centuries in Asian and other cultures to play a fundamental role in the health of individuals. Many illnesses are thought to originate as blocked energy within the chakra system, and are often thought to be caused by unresolved psychological trauma. Recently, instruments have been created to measure chakra functioning, but no studies to date have attempted to determine their validity in accordance with chakra theory. **Objective:** To determine the validity of the Inneractive Aura Video System 5.1 (IAV system) by examining the relationship between self reported psychological symptoms and chakra levels. **Method:** Sixty-four university students, 42 Americans and 22 Jamaicans, volunteered to complete the Symptom Checklist 90-R (SCL-90-R) and the IAV system measuring chakra level functioning. **Results:** The expected overall negative relationship between chakra levels and psychological symptoms was confirmed. Pearson product moment correlation analysis revealed significant negative correlations between chakra levels and psychological symptoms. Implications for future chakra research are discussed.

**KEYWORDS:** Chakra, symptom checklist 90-R, psychological symptoms, correlations, validity

One day we will have instruments that can monitor the shifting processes of the auras and chakras. Then our doctors will stress positive thoughts and forgiveness, based on knowledge of energetic consequences.

—Karpinski<sup>1</sup>

## INTRODUCTION

**C**hakra system theory dates back to the second century B.C. in India and is theorized to be a complex energy-conducting network located within the body that receives and processes what has been called subtle energy or bio-energy, but is also known as “prana” in India, “chi” in Asian cultures, and “ethereal energy” in the United States.<sup>2,3</sup> There are seven major energy vortexes, called chakras, comprising the chakra system, each with its own unique ability and function. The lower three chakras are generally believed to be associated with worldly concerns such as meeting one’s basic needs (e.g., food, shelter, money), while the upper three chakras are “associated with more spiritual endeavors (e.g., finding meaning, contributing, evolving).<sup>4</sup> The heart chakra’s primary purpose, which is located in the center of the chakra system, is to balance the lower and upper chakras so harmony exists in meeting the needs of body, mind, and spirit. All seven chakras exist at birth, but become more active as the individual grows and develops. For example, the root chakra is active at birth with the purpose of “grounding” the child to insure a feeling of safety and belonging. The sixth chakra, on the other hand, is associated with more complex cognitive development, usually beginning in adolescence. Characteristics and functions of each chakra can be seen in Table I.

The chakra system is postulated to be inextricably linked to endocrine glands and the nervous system; therefore, they affect, and are affected by, almost all biochemical reactions in the body.<sup>5,3</sup> More specifically, energy taken in by the chakra system is distributed through the nervous system and endocrine glands, and is then absorbed by the blood and distributed through the body.<sup>5</sup> At the cellular level, this energy is converted to electrical activity and is facilitated by gap junctions which are protein comprised channels that exist between certain cells to facilitate communication among the cellular structure.<sup>6</sup> Shang stated, “It is well established in cell biology that gap junctions facilitate intercellular communication and increase electric conductivity.”<sup>6(p.4)</sup> Gap junctions exist throughout the body, but higher concentrations are found at particular areas

of the body. These areas are typically targeted by energy healers: believing when communication is “blocked” in a particular area, energy healing techniques (e.g., body work, acupuncture) can release stagnated energy, restoring normal cellular activity.

Interest in chakra theory is increasing as evidenced by the numerous books and articles being published about the subject, and increasing consumer demand for alternative health care strategies, including energy healing.<sup>2-13</sup> In addition to the general interest in chakra theory, mounting evidence suggests traditions such as yoga, tai chi, acupuncture, and meditation, all of which purport to balance and strengthen the body’s energetic system, provide effective treatment for a wide array of mental and physical ailments.<sup>14-25</sup>

**E**verything from a person’s posture, thoughts, nutritional intake, and even another person’s energy affects one’s energy system. Healthy chakra functioning, then, enables individuals to develop physically, mentally, emotionally, and spiritually. Problems arise, however, when chakras are blocked. When left untreated for long periods of time, illnesses manifest.<sup>3,5</sup> Consequently, it is believed that many illnesses originate within the chakra system, most of which are caused by psychological and/or physical trauma.<sup>5,7</sup> Therefore, it is believed that treating physical illnesses is only a temporary solution if psychological precursors are not addressed.<sup>7</sup> This is indirectly supported by numerous studies linking emotions to physical health, and the efficacy of providing counseling to those with serious medical conditions.<sup>26-29</sup>

Until recently, observing one’s chakra system was only thought possible for people who could “see” or “sense” the body’s energetic network. These people are often referred to as “sensitives.” Recently, however, computerized instruments such as the IAV system have been created and are purported to monitor chakra functioning.<sup>8</sup> Endeavoring to determine the validity of computerized chakra measuring instruments is important because, if validated, they would allow “ordinary” health care professionals the ability to detect and treat energetic irregularities before they become sever and costly. Thus, this study was an initial attempt in the process of determining discriminant validity of the IAV system by examining the relationship between self-reported psychological symptoms and chakra functioning.

**Table I**  
**Characteristics of the Seven Chakras**

<b>Chakra</b>	<b>Location</b>	<b>Primary functions and Issues</b>	<b>Symptoms of imbalance</b>
Base	Base of spine	Groundedness, safety and security	Anxiety, poor focus, chronic disorganization, obesity, sluggishness, rigid boundaries, material fixation, disorders of bowel, anus, intestines, bones and teeth
Sacral	Sex organs	Movement, creativity, desire, passion, sex	Rigidity, fear of sex, lack of passion, sexual addiction, emotional dependence, poor boundaries, reproductive and urinary disorders
Solar	Solar plexus	Personal power, self esteem, self respect, confidence	Low energy, low self-esteem, poor self-discipline, easily manipulated, competitiveness, arrogance, hyperactivity, domineering, digestive disorders, diabetes, ulcers
Heart	Heart	Love, grief, forgiveness	Lacking empathy, critical, being narcissistic, codependency, jealousy, demanding, disorders of the heart and lungs
Throat	Throat	Clear speech, expression, manifestation of ideas	Voice weakness, fear of speaking, difficulty articulating feelings, domineering voice, tendency to gossip, inability to listen, disorders of the throat, ears, and mouth
Eye	Slightly above & between eyes	Cognitive processes, openness to ideas, emotional intelligence	Lack of intuition & imagination, inability to accept new ideas, poor memory, frequent nightmares, obsessions, hallucinations, headaches, vision problems, neurological disturbances
Crown	Top of head	Transcendence, attributing meaning to life's events	Spiritual cynicism, greed, rigid belief systems, over-intellectualization, spiritual addiction, dissociation, delusions, chronic fatigue, sensitivity to light

**Note:** Compiled and adapted from the work of Judith, Khalsa & Stauth, *Myss*.<sup>1-2,6,13</sup>

## METHODS

After receiving approval through the university review board, sixty-four university students living in the United States and Jamaica volunteered to participate in the study. Once students signed informed consent forms, they completed a demographic questionnaire and the Symptom Checklist-90-R.<sup>30</sup> Immediately after completing the pencil and paper instruments, chakra levels were obtained using the IAV system. One caveat to the method described above relates to the Jamaican students: since the SCL-90-R was not normed with a Jamaican population, these students were given the instrument to take home and complete, with instructions to ask questions about unfamiliar terms the next day. Subsequently, the Jamaican students reported no ambiguity in terms, and chakra levels were taken the following day, within twenty-four hours of completing the SCL-90-R. Data was then entered and analyzed accordingly.

## INSTRUMENTS

### SYMPTOM CHECKLIST 90-R

**T**he SCL-90-R was utilized to assess levels of psychological distress among participants. The SCL-90-R is a 90 item self-report inventory that consists of nine distinct subscales. Responses to the 90 items are measured using a 5-point Likert scale, ranging from 0 (not at all) to 4 (extremely), indicating how pervasive a symptom has been over the previous week. The nine subscales measured on SCL-90-R are as follows: somatization (distress due to perceived physical dysfunction), obsessive-compulsive (fixating on thoughts, impulses, or actions), interpersonal sensitivity (feelings of inadequacy, inferiority, and discomfort in interpersonal situations), depression (hopelessness), anxiety (tension, nervousness), hostility (aggression, irritability), phobic anxiety (primarily agoraphobia), paranoid ideation (suspiciousness), and psychoticism (isolation, hallucinations). In addition to these subscales, three global indices provide measures of overall psychological functioning. These indices are the Global Severity Index (GSI, overall distress), the Positive Symptom Distress Index (PSDI, symptom intensity), and the Positive Symptom Total (PST, total number of symptoms endorsed).

The reliability and validity of the SCL-90-R is strong. Internal consistency ranged from .80 to .90, and test-retest reliability after one week ranged from .68 to .90. Convergent validity studies of the SCL-90-R indicated correlations with the MMPI ranging from .48 to .68. In addition, the SCL-90-R has been utilized in studies with various cultures including South Africans, Australians, Germans, and the Swiss.<sup>31-34</sup>

## **INNERACTIVE AURA VIDEO SYSTEM**

**T**he IAV (Inneractive Aura Video) system was used to obtain chakra readings.<sup>8</sup> The IAV system software was developed based upon the principles of biofeedback, energy and color psychology, and chakra theory. A biosensor, connected to a computer, detects electrodermal activity and skin temperature of the left hand, which is then translated to depict chakra level activity on a LCD screen. Chakra functioning is displayed in real time on seven scales, one for each chakra, ranging from 0 (poor chakra functioning) to 100 (healthy chakra functioning).

Chakra functioning depicted by the IAV system was validated by sensitives who observed subjects during biofeedback sessions. Although no previous empirical studies have been conducted examining the validity of the IAV system, the software creator indicates that hundreds of such tests have validated the efficacy of the IAV system to accurately display chakra functioning (for more information see [www.aura.net](http://www.aura.net)). [Table II]

## **DEMOGRAPHICS**

Sixty-four undergraduate students volunteered to participate in the study. There were forty-four female and twenty male participants with an average age of 26.7 (SD = 11.8) ranging from 17 to 55 years old. Approximately sixty-one percent of the sample was European Americans. In an effort to create a more diverse sample, Jamaican students, all of whom were teachers in Jamaica's school system taking a counseling class in Jamaica as a requirement for their bachelor's degree offered through a collaborative arrangement with a university in the United States, were invited to volunteer. In all, twenty-two Jamaican students volunteered to participate in the study.

**Table II**  
**Demographics and Mean Chakra levels and**  
**Psychological Symptom T-Scores**

	Number in Sample	Mean	Standard Deviation
<b>Age</b>			
<b>Gender</b>	64	26.65	11.81
	Male		
	Female		
<b>Race</b>			
	African	1	
	American		
	European	39	
	American		
	Latino	1	
	Jamaican	22	
	Native	1	
	American		
<b>Chakra</b>			
	Base	44.22	25.99
	Sacrel	51.25	22.15
	Solar	55.78	24.02
	Heart	47.50	22.68
	Throat	43.59	25.90
	Eye	55.00	20.39
	Crown	35.16	23.77
<b>Psychological Symptom</b>		<b>Mean T-score</b>	
	Somatization	57.00	12.42
	OCD	61.09	7.56
	Interpersonal sensitivity	58.97	9.97
	Depression	57.38	9.03
	Anxiety	54.75	10.23
	Hostility	54.84	10.74
	Phobia	52.66	9.34
	Paranoia	57.17	11.47
	Psychoticism	58.22	11.16
	GSI	59.66	9.46
	PSDI	55.00	8.38
	PST	59.53	9.11

*Note: GSI = Global Severity Index; PSDI = Positive Symptom Distress Index; PST = Positive Symptom Total.*

Mean chakra levels ranged from 35.16 (crown) to 55.78 (solar) on a scale from 0 to 100 with a large standard deviation of 23.56. This suggests that the average chakra levels for the sample were roughly at the midway point; however, the scores varied considerably between participants. Regarding scores on the SCL-90-R, the best overall indicator of psychological symptoms, the Global Severity Index (GSI) mean was 59.66 ( $SD = 9.46$ ), which places the sample in the eighty-fourth percentile. This suggests that the sample, as a whole, experienced moderate to high levels of psychological distress. [Table III]

## RESULTS

**T**o begin, fifty-one of the sixty-three total correlations were negative, which generally supports the expected negative relationship between chakra levels and psychological symptoms. For example, in comparing the eye chakra with psychological symptoms, all nine of the possible correlations were negative, suggesting that healthy eye chakra functioning is related to low levels of psychological distress and vice versa.

As can be seen in Table III, for the full sample, three chakras (base, heart, and eye) were significantly correlated with two psychological symptoms, anxiety and psychoticism. Correlations ranged from  $-.246$  to  $-.272$ , all significant at the  $.05$  level of probability.

## GENDER DIFFERENCES

More robust correlations were found when analyzing the female sample ( $n = 44$ ). Fifteen significant correlations emerged. The most robust relationship was between the eye chakra and anxiety ( $r = -.461$ ;  $P = .002$ ), suggesting that 21% of the information needed to explain anxiety levels in this sample could be obtained by knowing eye chakra levels. The male sample ( $n = 20$ ), produced four significant correlations, base chakra and anxiety ( $r = .488$ ;  $P = .029$ ), eye chakra and somatization ( $r = .574$ ;  $P = .008$ ), and interpersonal sensitivity correlated positively with the heart chakra ( $r = .466$ ;  $P = .038$ ), throat chakra ( $r = .533$ ;  $P = .015$ ), and the eye chakra ( $r = .484$ ;  $P = .031$ ). The male sample was the only group to produce significant positive correlations, but due to its small sample size, the results should be interpreted with caution.

**Table III**  
**Significant Pearson Correlations among Chakras & Psychological Symptoms**

Group	Chakra Category	Psychological Symptom	Pearson Correlation Coefficient
Full Sample (n = 64)	Base	Anxiety	-.268*
		Psychoticism	-.272*
	Heart	Anxiety	-.263*
Female (n = 44)	Eye	Anxiety	-.246*
		Base	Psychoticism
	Heart	Interpersonal sensitivity	-.374*
		Depression	-.365*
		Anxiety	-.341*
		Psychoticism	-.402**
		Paranoia	-.352*
	Throat	Interpersonal sensitivity	-.350*
		Depression	-.304*
		Psychoticism	-.301*
	Eye	Somatization	-.381*
		Interpersonal sensitivity	-.354*
		Depression	-.405*
		Anxiety	-.461**
		Psychoticism	-.431**
Interpersonal sensitivity		-.413**	
Crown		Interpersonal sensitivity	-.413**
Male (n = 20)	Base	Anxiety	-.488*
	Eye	Somatization	.574**
		Interpersonal sensitivity	.484*
	Heart	Interpersonal sensitivity	.466*
	Throat	Interpersonal sensitivity	.533*
Jamaican (n = 22)	Eye	Psychoticism	-.423*
American Females (n = 25)	Base	Interpersonal sensitivity	-.576**
		Depression	-.420*
	Sacral	Interpersonal sensitivity	-.449*
		Interpersonal sensitivity	-.399*
	Solar	Depression	-.429*
		Somatization	-.397*
		Interpersonal sensitivity	-.632**
	Heart	Depression	-.581**
		Anxiety	-.436*
		Hostility	-.431*
		Paranoia	-.408*
		Psychoticism	-.508**
		Interpersonal sensitivity	-.523**
		Depression	-.466*
		Psychoticism	-.440*
	Throat	Somatization	-.571**
		OCD	-.425*
Interpersonal sensitivity		-.548**	
Depression		-.456*	
Anxiety		-.552**	
Eye	Hostility	-.443*	
	Interpersonal sensitivity	-.554**	
	Crown	Interpersonal sensitivity	-.554**
	Jamaican Females (n = 19)	Eye	Psychoticism

\*p < .05 (two-tailed)

\*\*p < .01 (two-tailed)

To better understand the differences between the number of significant correlations between males and females, a *t*-test was conducted comparing the mean chakra levels and psychological symptom scores between the two groups. Results indicated a significant difference between males and females for the solar chakra; male chakra levels were significantly lower than the females ( $t = 2.14, P = .036$ ). Regarding psychological symptoms, males reported significantly lower levels of interpersonal sensitivity ( $t = 2.83, P = .006$ ), depression ( $t = 2.47, P = .016$ ), paranoia ( $t = 2.01, P = .049$ ), and psychotism ( $t = 2.52, P = .014$ ).

## CULTURAL DIFFERENCES

**T**he Jamaican students' sample ( $n = 22$ ) indicated only one significant correlation, between the eye chakra and psychoticism ( $r = -.423; P = .05$ ). This finding is remarkable considering that the Jamaican sample was largely female (19 of 23 female), and did not produce similar results to those found in the full female sample. Because there were so few American minorities in the sample ( $n = 3$ ), and Jamaican males ( $n = 3$ ), further cultural analyses were conducted between only two groups, Jamaican females and American females. First, the mean scores of chakra levels and psychological symptoms were compared between the Jamaican female sample ( $n = 19$ ) and the American female sample ( $n = 25$ ). Results indicated that there were no significant differences between the mean psychological symptom scores and chakra levels between the two groups, however the Jamaican female sample, in general, reported lower psychological symptoms than did the American females. Second, the correlation analyses between chakra levels and psychological symptoms were developed separately for the Jamaican and American female samples. The Jamaican female sample produced only one significant correlation; however, there were twenty-two significant correlations found among the American female sample.

## DISCUSSION

There are several limitations related to this study. Primarily, since this was a correlation study, causation cannot be implied. Although chakra theory suggests that unresolved psychological trauma thwarts energy flow within the chakras,

it is possible that “blocked chakras” are caused by other variables, which then lead to psychological symptoms. In addition, the small sample size limits the generalizability of the results, particularly as they apply to gender and cultural differences. Another complication was the volatility of the chakras for some students, as depicted on the computer screen. Baseline levels were determined, but for some students, it may have been more accurate to have averaged their high and low readings.

Despite limitations, several notable results emerged from this study. First, the overall negative relationship between chakra levels and psychological symptoms found in this study is congruent with chakra theory, suggesting that poor chakra functioning is associated with increased psychological symptoms. Second, the preponderance of significant relationships was associated with just three chakras, base, heart, and eye. To appreciate the significance of this finding, it is important to understand the interrelation of these three chakras and the roles they play in mental and emotional health. To begin, the base chakra is not only considered the cornerstone of the entire system, but also the root of many mental disorders.<sup>6</sup> Poor base chakra functioning creates two possible conditions which effect the entire system.

**T**he primary purpose of the base chakra is to send energy down into the earth enabling individuals to feel grounded, which we commonly refer to as being “centered” or “focused.” Thus, excess base chakra energy siphons energy from the upper chakras, such as the heart and eye, creating a scenario where an individual places too much emphasis on bodily needs (e.g., food, money). This in turn can lead to numerous fears including fear of change, fear of loss of material goods, and codependency.<sup>1,6</sup> Compounding these base chakra fears is the deficient energy in the heart and eye chakras. Deficient heart chakra energy results in the inability to nurture one’s self during difficult times, and decreases one’s ability to form meaningful relationships, all of which place people at a greater risk of emotional and psychological disturbance during times of stress.<sup>35,36</sup> In turn, deficient eye chakra energy increases one’s risk of cognitive distortions (e.g., irrational thoughts) which compromises an important stress buffer, one’s ability to attribute meaning to stressful situations.<sup>37</sup>

Conversely, when base chakra energy is deficient, often thought to be caused by childhood trauma and/or neglect, energy is pushed up into the upper chakras

creating an imbalance.<sup>1</sup> In this case, excess heart chakra energy causes one to be overly emotional and reactive to what it perceives to be injustices to self and/or others. Further, when the eye chakra is not grounded by the base chakra, it is unable to organize the excessive energy, creating a host of problems ranging from anxiety to hallucinations.<sup>2</sup>

**T**he gender and cultural differences found in this study are interesting considering that chakra theory does not differentiate between gender and culture at the chakra level. In other words, there is no prior evidence suggesting that females' chakra systems are any different from males, or that one culture's chakra system is different from another. The gender differences found in this study, however, are possibly the result of lower psychological symptoms reported by males than females. This is supported by previous work suggesting that females experience heightened psychological distress, especially depression, relative to males.<sup>38-40</sup> Cultural differences could be the result of, among other things, underreporting of the psychological symptoms or the fact that the SCL-90-R was not specifically normed with a Jamaican sample; therefore, further investigations with larger samples are needed.

## **IMPLICATION FOR FUTURE RESEARCH AND CONCLUSION**

This study serves as an initial step in establishing discriminant validity of the IAV system. The numerous significant negative correlations found in this study are congruent with chakra theory, and lend credence to the efficacy of the IAV system to measure chakra functioning. Clearly, more research is needed in this area. As such, there are several directions future research could take. First, replicating this study with a larger more diverse sample would help to test for differences among gender and culture. Second, in replicating this study, it would be important to collect more demographic data (e.g., socioeconomic and marital status) to determine if these variables, among others, affect the relationship between chakra and psychological symptoms. Third, chakra level measurements could be taken for people diagnosed with various disorders (e.g., cancer, heart disease, schizophrenia) to determine if energetic patterns exist that are congruent with chakra theory. Finally, instruments such as the IAV system

could be used to examine the efficacy of different treatment modalities over time (e.g., counseling, acupuncture), once baseline measures are obtained.

In summary, we believe the advent of instruments such as the IAV system, when adequately validated, may well revolutionize health care by enabling professionals the opportunity to detect problems before they become severe, and to accurately monitor the effectiveness of different treatment modalities they provide.

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