

PARAPSYCHIATRIOLOGY: A NEW APPROACH TO PSYCHOPATHOLOGY RESEARCH

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ABSTRACT: A consciousness' emotional balance directly influences their understanding of facts, whether intraphysical and/or extraphysical. Thus, the assessment of mental health is relevant in understanding psychopathological consciential manifestations. This article aims to broaden understanding of the studies of psychopathologies through parapsychiatry. Comparisons are made between the vision of the intraphysicalist model of medicine and parapsychiatry, a specialty of conscientiology. It also describes variables of manifestation, impacts, intensity and the signaling of paraetiopathological traces of psychopathology, which help in a conscin's self-research for analysis and overcoming in the case of the presence of psychopathological alteration. It concludes that the future of the studies of psychopathologies can be optimized, through the integrative vision of interparadigmology, by neophilic researchers with consciential openness.

Keywords: parapsychiatry; parapsychiatry; psychopathology; psychiatry; self-experimentation.

INTRODUCTION

Brain. The manifestations of intraphysical consciousnesses (conscins) require the complex integration of various psychic functions, inherent to the functioning of the human brain.

Cognition. The simple act of reading and understanding the first lines of this article suggest cognitive actions linked, at least, to the variables: concentration and mental attention, connection with previous learned knowledge, memory, understanding of the meaning of words, making associative links between words, and ideational interpretation. On the other hand, reflection, criticality, and learning about what is read demand other mental functions and the correlated brain areas.

Health. The consciousness' emotional balance directly influences the understanding of facts, whether intraphysical and/or multidimensional. The psychic variable related to mood impacts the interpretation of everyday experiences. A depressed conscin tends to understand situations in a victimized way, with negative and pessimistic ideas, often with compromised critical judgment and discernment, leading to prejudice in the judgment of personal choices.

Analysis. The assessment of mental health is relevant in understanding consciencial manifestations, which can be analyzed through inseparability of a conscin's thought or idea, feeling or emotion, and energy (thosene).

Impact. As the thosene is the unit of consciencial manifestation, psychopathologies can be observed in practice, in the day-to-day of the resomated consciousness, by impacting ideas, emotions and actions, and interfering in their evolutionary choices, personal relationships and existential programming (proexis).

Psychiatry. Psychiatry, a specialty of medicine linked to the Newtonian-Cartesian-mechanistic paradigm, studies psychopathologies through analysis of the presence of psychic alterations as a result of neuroanatomophysiological dysfunctions arising from physical causes, genetic or not, being relevant in the study of treatment of neurochemical imbalances. (Stahl, 2016; Brandão and Graeff, 2014; Machado, 2014; Goodman, 2012; Cordioli, 2000).

Etiology. According to psychiatry, a mental disorder is considered biopsychosocial (Sadock, 2017), and its etiopathogenesis is explained by the integration and impairment of the genetic, psychological and social areas, which would explain the need to evaluate the three variables described above in the causality of the psychiatric manifestation.

Paraetiology. On the other hand, from the view of the consciencial paradigm, paraetiology, that is, the etiological causality from multidimensionality, bioenergetics and multiexistentiality, is not minimally answered by medical science (Chalita, 2012).

Insufficiency. Research in medicine and neuroscience, considering only the mechanistic paradigm and the human body, is not enough to understand multidimensional, bioenergetic variables and the mental and emotional inheritance beyond the physical body in a single human existence.

Neospecialty. Parapsychiatriology was presented and defended by Chalita (2017), through the neoverbet of the Encyclopedia of Conscientiology entitled Parapsychiatry, as a neo-conscientiological specialty related to research on psychopathologies and necessary to understand the consciencial manifestations permeated by psychic alterations. Subsequently, the pertinence of adding the suffix *logy* to the specialty was verified, replacing the term parapsychiatry with parapsychiatriology, present in the Repository of Verbets (<http://encyclossapiens.space/buscaverbete/index.php>).

Interparadigmas. Considering groupkarmic affinities in genetic analysis, psychological reactions through temperament assessment and observation of the impact of society, zeitgeist and experiential holothosenes on intraconscienciality, the expansion through interparadigmology becomes fundamental for the understanding of psychopathological disorders.

Paradigm. In this case, parapsychiatry is necessary, it uses the premises of the consensual paradigm and seeks to help a conscin, with psychopathological alterations, in their research, based on their own multidimensional experiences. This neo-specialty seeks to help both researchers, related to the theme that seeks interscientific assistance, and self-researchers with some psychopathological disorder who seek self-healing.

Self-experimentology. Self-experimentation, a research method, can be used by a conscin self-researcher, through the self-application of techniques and instruments for the purpose of personal, intimate study. The consciousness becomes a guinea pig for itself, being the target of its studies based on active participation in their research, revealing possible psychopathological manifestations, which are just the tip of the *iceberg of* intraconsensual imbalances.

Hyperacuity. It is important to highlight some consensual conditions relevant to a conscin self-researcher interested in self-healing their psychopathologies. Cosmoethical self-criticism and self-discernment are important qualifiers and levers for the use of diagnostic investigation, understanding and overcoming techniques, so, at each research moment, a conscin, depending on their evolutionary level and consequent consensual hyperacuity, may present limits and restrictions in their self-experiments.

Objective. This article aims to broaden understanding of studies on psychopathologies from the point of view of the consensual paradigm, showing counterpoints with the research view of the intraphysicalist model of medicine and emphasizing the importance of participatory research and interparadigmology.

Structure. Based on the results of research and the author's personal experiences in assisting consciousnesses with psychopathological alterations, over two decades, the structure of this work will be developed from the discussion on psychiatry, parapsychiatry, divergence between psychiatry and parapsychiatry, participatory research in parapsychiatry, and conclusive arguments.

1. PSYCHIATRY

Biopsychosocial. As previously described, psychiatry considers the trinomial biological-psychological-social factor to be a representation of the etiopathology of psychiatric disorders, generating further research into genetics, psychological variables, and the individual's environment and culture (Sadock *et al.*, 2017).

Culture. Medicine considers it important to integrate the environment and culture in which the patient is inserted, being one of the integral parts of an an-

amnesia, clinical interview to obtain data related to the person assisted (Porto, 2014).

Ethnopsychiatry. Cultural psychiatry, originally considered ethnopsychiatry, is a branch that studies the resources available in each culture, even considering them as possible means to be made available in the treatment and prevention of psychopathologies, extracting sociocultural values from the patient's family and community.

Rituals. The issue of religious rituals, use of hallucinogenic substances in ritualistic activities, healers, trances, the state of possession, and shamans are part of the cultural resources studied by cultural psychiatry (Noronha, 2007).

Phenomenology. Studies on the phenomena of trances and possession, as well as other anomalous experiences, are not very common in medicine, but there are discussions and research on a variety of experiences of this nature by patients (Moreira-Almeida *et al.*, 2014; Menezes Júnior *et al.*, 2012; Dalgarrondo, 2008; Cardeña *et al.*, 2000; Moody, 1975).

Differences. In Brazil, there are debates between psychiatrists about the phenomena of anomalous experiences, with divergent currents evaluated in the country since the beginning of the XX century, observed from a review of publications produced by these specialists. On one hand, professionals who consider these pathological experiences should be fought, including consideration of religious process as a worsening factor for the disorder, and on the other hand, psychiatrists considering phenomena belonging to the culture and/or religion of a conscin, and thus, not constituting a psychopathology and can be a positive factor for physical and mental health (Moreira-Almeida & Lucchetti, 2016; Dalgarrondo, 2008; Almeida *et al.*, 2007).

Researches. In medical literature, there are authors who consider the differentiation of religious experiences (related to religion) from spiritual experiences (related to spirituality and not linked to any religious system) relevant for research on the phenomena of trance and possession (Moreira-Almeida *et al.*, 2014). Other authors use the term anomalous experiences to characterize unusual or different, non-psychopathological experiences (Menezes Júnior, 2012; Cardeña *et al.*, 2000).

Intraphysicity. Scientific studies, in the field of psychiatry, on religious and spiritual experiences and anomalous experiences are consistent with the research methods of the intraphysicist paradigm. Psychiatric scales related to the verification of positive scores for the diagnosis of psychosis or dissociative disorders are used through qualitative epidemiological interviews (Menezes Júnior, 2012; Almeida, 2004) and also investigate radiological and neurofunctional patterns related to activities considered to be mediumistic (Peres *et al.*, 2012).

Health. There is a tendency in psychiatric publications to seek to differentiate these phenomena into pathological and non-pathological (Moreira-Almeida & Cardeña, 2011; Menezes Júnior & Moreira-Almeida, 2009; Dalgarrondo, 2008).

Advance. Although the evaluative methods in the studies present with a monodimensional focus, without the use of consensual self-experimental methodology, there is an attempt to advance by obtaining better diagnostic criteria for defining an experience, considered anomalous in socin, whether it is psychopathological or not. However, there is no hypothesis of this experience being mixed, that is, having neurophysiopathological alteration and an associated extraphysical cause.

Criteria. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (APA, 2014) and the International Statistical Classification of Diseases and Related Health Problems (ICD-10) (WHO, 1997) already allow for the presence of trance experiences and possession to be considered in relation to the patient's culture or religion, without being referred to as psychopathological.

Proposition. In order to contribute to the validation of the ICD-11 in the diagnostic differentiation between spiritual/anomalous experiences of mental disorders, scholars in the area propose some investigative criteria (Almeida & Cardeña, 2011). According to the referenced researchers absence of suffering; functional or occupational impairment; absence of psychiatric comorbidities; control over the experience, which is compatible with the patient's cultural context; the patient's personal growth; and acceptance of the experience by others would be suggestive characteristics of a non-psychopathological experience.

Religion. Adjacent to the scientific propositions of anomalous experiences as something non-psychopathological, spiritism presents some considerations through explanations, from the religious paradigm, of sensory-perceptive changes, trances, obsessions, changes in anxiety and the mood of patients.

Treatment. In Brazil, there are spiritist psychiatric institutions where patients with mental disorders are hospitalized. When considering the influence of traumatic experiences and possible debts of the patient accrued with extraphysical consciousness during a past life, these institutions use passes of energy and energized waters, and reading of the spiritist gospel to also indoctrinate the so-called "obsessive spirits" of patients, that is, the intruding creditor consciences, to aid in the treatment along with instituted psychiatric medication (Ribeiro, 2013).

Causality. Spiritism literature observes propositions of a possible causal relationship of ideas and personal feelings in the production of physical diseases. Specifically by extraphysical consciousnesses stimulating, through intruding inspirations to patients, behavior that maintains addictions and pathological ac-

tions, and also energetic treatments by the so-called “spiritual surgeries” through ectoplasm (Menezes, 2012; Tubino, 2009; Munari, 2008; Inácio, 1987).

Dogmatism. Despite considering the presence of traumatic experiences in previous lives, ectoplasmic energy, intruding extraphysical consciousnesses and assessment of the need to change the patient’s way of thinking, spiritism uses a religious paradigm. Consequently, there are dogmatic tendencies and a sparse supply of techniques to enable the autonomous healing of the patient’s consciential ills, predisposing the consciousness to remain subservient to the idea of divine power and abdominal subbrain washing.

Ignorance. It is important to emphasize the need for the patient to understand the repercussions of their self-thoughts and functioning mechanisms, inherent to their personal temperament and related to the current presence of psychopathology. The intraphysical understanding of concepts related to those-nology, seriexology, holosomatology, lucid projectability, bioenergies, cosmoethics, the groupkarmic course, and evolutionary intelligence will help to promote the search for intimate harmony through the overcoming of intraconsciential pathology.

Insufficiency. Thus, the insufficiencies and occasional inadequacies instituted by the intraphysicalist and religious paradigms in understanding and overcoming the psychopathology of the consciousness can be observed.

2. PARAPSYCHIATRIOLOGY

Paradigm. Considering the consciential paradigm, the presence of a certain psychopathology should be analyzed not only from the biopsychosocial point of view, but from the understanding of the involvement of structures such as the holosoma, seriexological contexts, aspects of multidimensionality, cosmoethics and bioenergetic repercussions.

Interaction. The holosoma, being the set of all the bodies of an intraphysical consciousness, influences and generates intervehicular repercussions in the presence of psychopathology. The genetics inherited in the current life may be a driving force for the emergence of a certain mental disorder, but paragenetics (inheritance restricted to the psychosoma and mentalsoma) may be another determining force in order to attenuate the hereditary influence of a certain pathological condition.

Holobiography. From contexts experienced by a consciousness throughout their evolutionary journey, they will obtain experiences to be loaded from their holomemory (integral memory) and will present personal characteristics related to feelings and emotions (psychosoma) and thoughts and ideas (mental-

soma) will also reverberate in the energetic (energosoma) and physical (soma) bodies when resomated.

Temperament. Emotional reactions, predilections, tastes, interests, the way of thinking, and the way of acting of a consciousness shapes the consciential temperament over time, and it has serixological consistency and stability.

Source. The root of temperament is considered the basic trunk related to the structure of the conscin's nature, characterizing the natural reactions of the will or the microuniverse of the consciousness (Vieira, 2012). This root may be holobiographical, in this case related to paragenetic inheritance.

Consequences. The quality of the use of the physical body in one life may also have repercussions in future existences. The tobacco addiction of a given conscin may have repercussions both on habits and on the sum of the same consciousness in a future life, and may generate somatic sequelae.

Neobrand. Certain desomas can also inflict psychosomatic alterations that can lead to marks on a future soma. According to Stevenson (1997, cited by Fernandes, 2021, p. 636), certain specific phobic behaviors are verified in children, in contexts when the possibility of intersomatic correspondence in the presence of neomark is analyzed. in the current soma as a result of a fatal wound.

Trauma. With this same logic, traumatic autobiographical experiences may become phobias or generate exacerbated emotional reactions in the conscin if they remain as emotional wounds not yet overcome.

Retrocognition. In this way, a certain retrocognition, with a *flash* of experience in a previous life, permeated by explicit emotional aspects, promoted by telepathy with an extraphysical Helper, in an optimized environment, can expand the understanding of current psychosomatic reactions (Carvalho, 2006).

Scar. According to Vieira (2014), an impactful situation in a given life can generate a psychosomatic scar, and the mark appears in the resoma of the consciousness. The impact would create a stigma in the conscin, that is, a psychosomatic retroscar would lead to the presence of a problem or retrostigma, and the understanding of the pathological context would be the starting point for overcoming the retroscar.

Paraetiology. According to *Psychopathological Paraetiology*, a specialty of conscientiology applied to the study of the paracause of psychopathology, the analysis of consciential holobiography, multidimensionality, and bioenergetic interferences are part of the paraetiopathogenic investigative process (Chalita, 2012).

Intrusion. In hospital settings for psychiatric hospitalization, the parapsychic assistant may observe the presence of psychotic outbreaks of a conscin worsened through the intrusion of extraphysical consciousnesses on a patient

(Pialarissi, 2020). In this case, when there is a neurophysiological alteration of the patient and extraphysical intrusion, it is considered to be facing a composite picture, an extraphysical cause (Vieira, 2009).

Paraprognosis. Pathological para-experiences experienced during the intermission between lives, in certain barotrophic pockets, may generate repercussions due to paragenetic remnants. According to Leite (2011), the Godot syndrome that occurs in the conscious victim of the frustrated millennial hope of finding the heavenly father, may generate some psychopathological disorders when the consciousness resomates, such as depression, panic syndrome, affective disorder, obsessive-compulsive, and night terrors.

Paracauses. Seriological, multidimensional and bioenergetic research may help to verify psychopathological paracauses in at least 10 critical situations, described below, in alphabetical order (Chalita, 2012):

1. Alteration of the content of thought: verification of the presence of an *extraphysical yoke* (semi-possession) interconscial intruder leading to restriction of the conscial's psychic freedom.

2. Anxiety: the lack of somatic and thosonic control by an intraphysical consciousness facilitating intermittent extraphysical intrusion.

3. Gestational depression: realization of interconscial difficulties due to the presence of depression in a woman conscial during the human pregnancy of a consciousness, a creditor from the past.

4. Phobia: para-analysis of an environmental stigma at a place with reminiscences of nosological events in the past.

5. Emotional lability: observation of emotional alteration due to energetic assimilation in an environment with pathological gravitative energy.

6. Pathological mourning: energetic stuff reinforcing the link between the conscial in mourning, with the desomated family member.

7. Obsession (intrusive idea): influence of the holobiography itself and the groupkarmic course in the multidimensional relationships of current hetero-intrusion.

8. Psychopathy: affinity and personal attraction to a particular pathological holothosene.

9. Psychotic outbreak: malignant possessions provoked by hetero-intruder in psychiatric outbursts.

10. Addiction: analysis of extraphysical factors that generate, amplify and maintain conscial vices.

Traits. Another relevant study is the research on the traits and mechanisms of conscial functioning. Certain features built into the *modus operandi* of

a consciousness can become chronic along the life and impact their psychic functions, leading to psychopathologies.

Depression. A pessimistic conscin, for example, will tend to evaluate and judge facts and parafacts from the most negative and disadvantageous perspective, that of being apprehensive that something bad will happen to them. According to Carvalho (2014), when a person succumbs to this pessimistic focus to analyze situations, they may experience lowering of mood, and consequently, depression and dysthymia.

Enlargement. Therefore, the view of psychiatry, medicine, neuroscience and psychology does not have the necessary scope for a comprehensive understanding of the psychopathological change experienced by a conscin, and it was necessary to propose a new conscientiological specialty.

Parapsychiatriology. According to Chalita (2017, p. 16,777), *parapsychiatriology* “is the Science dedicated to research and specific, systematic and theoretical studies, from the perspective of the consciential paradigm, of parasemiological, paraetiological, paraphysiological, paratherapeutic and paraprophylactic aspects applied to an intra or extraphysical consciousness, with a manifestation compromised by a psychopathological disorder”.

Paraanalyticology. For parapsychiatriology, there are at least 5 basic approaches, with respective examples, to be evaluated, studied and understood, inherent to the conscientiological specialty itself (Chalita, 2017):

1. Psychopathological parasemiology: evaluation of the standard thosene, intentionality and consciential functioning mechanism, aiming at diagnosis of the psychopathological spectrum.

2. Psychopathological paraphysiopathology: observation of psychosomatic evocation, promoting self and hetero-intrusion, and the possibility of negative synergism due to the presence of a pathological waking discoincidence.

3. Psychopathological paraetiology: seriexological trauma and psychosomatic wound influencing the presence of psychopathology through interaction between Parageneticology, Geneticology and Mesology.

4. Psychopathological paratherapeuticology: the possibilities of attenuation and/or remission of psychopathology via integral therapy of consciousness through the macrosoma (*time pills*), somatic sex change from one life to the next, parasurgery and thosenic recycling.

5. Psychopathological paraprophylaxis: the use of techniques by the conscin, such as vibrational state, mental hygiene, and assistential activities (volunteering), helping in self-surveillance of the consciential *modus operandi* attenuated or in partial remission.

Medication. Parapsychiatriology does not exclude the therapeutic, and often necessary, use of psychotropic medication in the treatment of a variety of psychiatric disorders. This neospecialty also highlights the importance of consciousness itself performing actions to promote personal consciential balance.

Paratherapeutics. Costa (2020), in his seriexological research, when analyzing possible psychopathologies present in the current life and in the consecutive personality investigated, observed that energetic work and penta, actions carried out in the present life, helped in its improvement.

Integration. For the treatment of a conscin nomophobic, Ribeiro (2020) suggests integrative therapeutic actions. Self-awareness through working with energies, self-determination to remain abstemious from technological addiction, the installation of healthy habits to activate cerebral circulation and the search for psychiatric treatment of possible comorbidities are actions to be carried out by the conscin itself, focusing on the holosoma and in the multidimensionality pertinent to the improvement of psychopathology.

Sum. The vision of interparadigmology helps in the possibility of integrating means, research and therapeutic techniques already tested and proven in their effectiveness in a given paradigm to be used in a neoparadigm.

3. DIVERGENCE BETWEEN PARAPSYCHIATRIOLOGY AND PSYCHIATRY

Interparadigms. Through interparadigmology, one can analyze the divergences and interrelationships of properties, characteristics, techniques and research fields of specialties of different paradigms.

Description. In the case of psychopathologies, attributes, concepts and studies are observed in the Cartesian-Newtonian paradigm by the medical specialty psychiatry, and in the consciential paradigm by the conscientiological specialty parapsychiatriology.

Divergences. In line with interparadigmology, 10 variables are described below, in logical order, together with some examples of their respective properties, observed in the specialties of psychiatry and parapsychiatriology:

1. Paradigm:

Psychiatry is linked to the Cartesian-Newtonian-mechanistic paradigm. Parapsychiatriology is linked to the consciential paradigm.

2. Consciential vehicle studied:

Psychiatry focuses on studies of the soma. Parapsychiatriology focuses on studies of the soma, energosoma, psychosoma, and mentalsoma (holosoma).

3. Etiopathogenesis:

In psychiatry, neuroanatomophysiological dysfunctions are related to the etiopathogenesis of psychopathology. According to parapsychiatriology, holosomatic dysfunctions are related to the paracausality of the psychopathology.

4. Transmission system:

In psychiatry, there is an epigenetic-genetic interaction. In parapsychiatriology, the paragenetic-epigenetic-genetic interaction is observed.

5. Diagnostic means:

Through psychiatry, medical heterodiagnosis is performed. In parapsychiatriology, psychiatric diagnostics, for self-diagnosis and for heterodiagnosis can be used.

6. Type of diagnostic exam:

In psychiatry, anamnesis, psychopathological summary, physical, laboratory, radiological and neuropsychological examinations and scales are components of a diagnostic evaluation. In parapsychiatriology, a type of psychiatric diagnostic examination, self-experimentation, para-anamnesis, retrocognition, clairvoyance, auric coupling, and energetic sympathetic assimilation are used for diagnostic evaluation.

7. Diagnostic element:

For psychiatry, the DSM-5 (APA, 2014) and ICD-10 (WHO, 1997) are used to analyze and classify a particular pathology in psychiatric diagnosis. In parapsychiatriology, in addition to the elements of psychiatric diagnosis, the diagnostic spectrum of parapsychiatriology (Chalita, 2021) for parapsychiatriological diagnosis is considered.

8. Criteria descriptors and diagnostic specifiers:

In psychiatry, the diagnostic criteria and specifiers used are based on semiology, etiology, time, intensity of suffering and consequences of social, work, and personal relationships. In parapsychiatriology, the criteria and specifiers are those used for psychiatric diagnosis, and the scope, amplitude, intensity, course, and variety of consciential manifestations, are the items of the parapsychiatriological diagnostic spectrum.

9. Treatment means:

Psychiatry uses psychopharmacological, psychotherapeutic, surgical and neuromodulation treatments. Parapsychiatriology takes advantage of psychiatric treatments, parasurgery, paratherapeutic, and conscientiotherapeutic means and techniques for the remission of psychopathology (Ribeiro, 2020; Leite & Vicenzi, 2019; Carvalho, 2014; Ferreira, 2014).

10. Interaction with specialties:

In psychiatry there is interaction with the specialties endocrinology, neurology, psychology, neuroscience, psychopharmacology, radiology, and neurosurgery. In parapsychiatriology, the interaction is with self-experimentology, conscientimetrology, conscientiotherapeuticology, thosenology, holosomatology, seriexology, parasurgery, self-temperamentology, parabraniology, in addition to psychiatric interrelation specialties.

Analysis. According to the above, relevant differences are observed in the properties of the specialties, and are to be considered as a result of the paradigm related to them. One can also analyze the integration potential to be promoted and the paradigmatic limitation.

Contribution. The results of the studies produced in the intraphysical monodimensional paradigm, when approaching, for example, the homeostatic functionality (Physiology) of the soma, can add knowledge, even if limited by the paradigmatic monovision of aspects considered important for the holosomatic, multidimensional, seriexological and paraetiological understanding of a psychopathology.

Limitation. When observing the ability to broaden understanding of the presence of a psychic pathology in a given consciousness, from the view of the consencial paradigm, the limitation in the mechanistic paradigm of the focus and the research techniques of psychic alterations is well understood.

4. PARTICIPATORY RESEARCH IN PARAPSYCHIATRIOLOGY

Hetero-assessment. In psychiatry, hetero-assessment through anamnesis and observation of the integrity of mental functions, through the psychic examination, makes it possible to assess several variables that may be compromised at that exact moment of the examination in the person with psychiatric morbidity (Cheniaux, 2017; Nunes Filho *et al.*, 1996).

Self-awareness. In addition to the possibility of heterodiagnoses, the perception of the presence of a certain psychopathology needs to be observed by the consciousness itself, the one who is seeking self-healing. In parapsychiatriology, it is proposed that self-research helps the conscin with mental disorders in their process of developing self-awareness of their intimate functioning, which promotes and maintains the psychic alteration. It is consencial accountability for the remission of their illnesses.

Self-perception. Unlike research in metapsychology and parapsychology when there was a distinction between the researcher and the researched person, self-paraperception prioritizes the fusion between researcher and researched in the same consciousness, defining them as a multidimensional self-researcher (Espósito, 2013).

Self-research. Parapsychiatriology presents, as a proposal for a basic research structure to conscins with psychopathological disorders who seek self-healing, self-assessment, and the scrutiny of temperament and thosene, the latter being the unit of practical manifestation of consciousness and one of the variables of temperament (Chalita, 2017).

Temperament. A thorough research of self-temperament can reveal functioning mechanisms, predilections, ways of manifesting, self-processing characteristics of conscial activities, types of thosenes, and properties stemming from the consciousness' holobiography, genetics, and paragenetics. Therefore, temperament can provide indications of intraconscial psychopathological markers (Chalita, 2017).

Para-analysis. According to Vieira (2012), assessment of self-temperament by the conscin themselves, based on qualified criticality, includes the 5 variables described below, in alphabetical order:

1. Activity: analysis of motivation, energy used in actions, constancy of actions, and personal availability.
2. Emotionality: observation of the presence of the constancy of mood and emotions, the emotional quality, intensity, and duration of the emotional reaction.
3. Thosenity: scrutiny of the thosenic flow and quality, the presence of repetitive and fixed thosenes, the capacity for mental concentration and level of distractibility, and deepening of reflections.
4. Perceptibility: checking the timing and type of response to stimuli, the impact of overstimulation to the intimate state, the tendency to withdraw or self-exposure.
5. Sociability: examination of the personal tendency towards isolation or grouping, the level of cordial coexistence, the presence of universalist and altruistic attitudes, and the search for neophilia.

Self-thosenology. Through thosenology, the *principle of the thosene 's inseparability of thought, emotion and energy*, that is, the unit of conscial manifestation in the conscin's day to day, allows for the analytical examination and expanded yet detailed understanding of the mechanism of action and reaction of the consciousness in relation to ideas, emotions and personal energies, which can lead to a deeper understanding of the intraconscial fulcrum. According to Chalita (2017, p. 16,781), "psychopathological symptomatology is the tip of the iceberg of intraconscial pathology".

Automatism. Reinforcement of the same process of how one thinks, in past contexts of the evolutionary conscial journey and in the Mesology of the

current life, can generate automatic synapses and parasynapses over time. This can lead to the manifestation of addictive thoughts that are not consistent with the reality of the facts, as they are the result of interpretations and contents that are not updated and are, often, defective. Thought addictions can generate holosomatic repercussions (Chalita, 2016).

Parasemiology. Through parasemiology, an intraphysical consciousness can investigate the presence of a certain parapsychopathology through holosomatic repercussions. Through paradiagnostic resources, the conscin observes parasigns and parasymptoms through paraperceptions energosomatics, psychosomatics, and mentalsomatics, and can assess the consequences of these repercussions on their behavior (Machado, 2005). The study of parasemiology is one of the items proposed for the evaluation of the diagnostic spectrum of parapsychiatriology.

Spectrum. According to the diagnostic spectrum of parapsychiatriology, the description, detailing and definition of consciential pathology related to psychopathology needs to be performed through at least 5 interconnected parameters, described below, in logical order, from the perspective of the consciential paradigm (Chalita, 2021):

1. Scope: description about the limits of the spatial dimension and situational and/or interpersonal causality of the pathological manifestation.
2. Amplitude: detailing the impact and evolutionary consequence of the psychopathology.
3. Intensity: exposure of the degree of the psychopathological disorder.
4. Course: determination of psychopathological chronicity.
5. Consciential manifestation variable: definition of the way in which the psychopathological disturbance is expressed.

Diagnosis. According to parapsychiatriology, a psychopathology has a certain intensity in a consciousness, and the mode of manifestation may vary, and as a result of triggers at a given moment generate specific effects. Thus, “diagnosis of the psychiatric disorder can be recognized as a caricature of a set of pathological consciential manifestations and traits, in certain experiential moments, manifested in a relevant way.” (Chalita, 2021).

Weaktraits. Also, according to the diagnostic spectrum of parapsychiatriology, certain groups of burdening consciential traits (weaktraits), which reduce self-discernment, can be found in conscins when presenting a psychiatric diagnosis (Chalita, 2021).

Miniconscientiogram. According to Vieira (2007), self-researchers will be able to use an initial panoramic view, from the list of 100 strongtraits, chosen

due to their higher frequency of intraphysical and extraphysical incidence. These consciential traits compose the nosographic groups of the Miniconscientiogram of human pathologies.

Panic. As an example of the possibility of self-experiments by parapsychiatry, a conscin diagnosed with panic disorder will be able to analyze the presence of possible nosographic groups related to the miniconscientiogram of human pathologies (Chalita, 2021).

Stabilization. It is noteworthy that in order to use self-experimental techniques to understand, analyze, perceive, and overcome traits related to a panic disorder, the conscin needs to be stable regarding the remission of panic attacks during the research practice, avoiding the presence of physiological imbalances and emotional exacerbations that would compromise the use of some conscientiological techniques.

Self-research. Described below, in alphabetical order, are 10 groups of strong traits and correlated techniques for evaluating and/or overcoming the weaktrait in question, linked to the consciential paradigm and able to be used in the participatory self-research of a conscin experiencing panic disorder:

1. Anxiety: the technique of waking physical immobility (Vieira, 1997) in the identification of holosomatic restlessness.

2. Anti-parapsychism: the technique of the personal energetic task (Penta) (Vieira, 1995) in the experience of parapsychism.

3. Self-insecurity: conscientiometric techniques dissecting self-temperament (Vieira, 2012) and promoting self-knowledge of personal potential.

4. Hetero-intrusion: verification of an intruding presence through the technique of identifying personal energetic and parapsychic signals (Vieira, 1997).

5. Hypochondria: use of psychosoma projection techniques in experimentation of the objective body hypothesis (Vieira, 2002), and the consequent overcoming of thanatophobia, the primary fear of all disease phobias.

6. Illogical: argumentative techniques (Vieira, 2012) to analyze the presence of devious and flawed ideas in everyday life.

7. Insomnia: the consciential hygiene technique (Vieira, 2008) helping to perceive and overcome issues that generate apprehension.

8. Baiting: the vibrational state technique (Vieira, 1997) helping to guide energivorous extraphysical consciousnesses.

9. Pusillanimity: ordinary use of the technique of qualifying one's intention (Chalita, 2013) helping to plumb cosmoethical actions, strengthening consciousness.

10. Trauma: the memory enhancement technique (Vieira, 2012) predisposing the examination of retrotraumas based on self-retrorecognitions.

Dissection. The experience of studying multidimensionality, existential seriality, lucid projectability, holosomaticity, scrutiny of self-thosenes and bio-energies are the focus of research on psychopathological alterations, based on self-experimentation, through the perspective of the conscial paradigm.

Self-experimentology. The exercise of neophilia and conscial openness by a conscin thoroughly analyzing, with self-discernment and criticality, current facts, may lead to the formation of orthocircuits, the recycling of autobiographical pathological mechanisms, and modification of addictive thoughts and their aggregate emotional and energetic repercussions. Self-experimentation becomes essential for the fruitful and realistic examination of new experiences.

CONCLUDING ARGUMENTS

Detailing. With the use of instruments and techniques expanded by the vision of the conscial paradigm, it is possible to dissect the various conscial facets and detail the presence of the influence of changes in a particular psychopathology within the vehicles the consciousness uses to manifest.

Consequences. The paraetiology of the psychopathological disorder, even if it is chronologically millenary, if it is not attenuated or overcome, it may maintain influences on the current manifestation of consciousness through the functional impairment of the intervehicular relations of the holosoma, the lack of qualification of self-thosenes, not healthy psychosomatic reactions and interpersonal conviviality, and consequent effects on the state of completeness of the existential program.

Self-experimentation. The self-experiments, through participatory research in the assessment by the consciousness of the presence of pathology related to the diagnostic spectrum of parapsychiatry, detail the manifestation variables, impacts and intensity of the presence of psychopathology. In addition they signal paraetiopathological traces, helping in the planning of actions to overcome psychopathology through the self-healing process.

Perspective. The integration and debate of interparadigmatic findings can contribute fruitfully to the greater leveraging of conscial research in the future. The future of studies consistent with psychopathologies can be optimized, through the integrative vision of interparadigmology, by neophilic researchers who possess conscial openness.

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