| RESEARCH

Benefits of Gong Therapy on Miscarriage Grief and its psychological and emotional consequences.

Author: Alexandra Sajko | Directed by Vikrampal Singh
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| SUMMARY

Early pregnancy loss is a shocking and traumatic event for women and their families. Miscarriages usually induce an intense period of emotional distress which finds a natural resolution within few months but for half of women, the natural grief turns into depression and chronic anxiety affecting women's daily life, relationships with their partner and families, future pregnancies, future births and future relationships with the children to come.
As such, a miscarriage all common it is, has many negative ripple effects in a woman's life, which raises the necessity of a more efficient screening and therapeutic care proposal to support women in their grief complications and opens the field of new therapeutic possibilities, namely in the focus of this research, sound healing with gong or Gong Therapy, to provide an efficient, rapid and comforting therapeutic support and improve women's wellbeing and psychological and emotional health after a pregnancy loss.

We are aiming in this paper at showing the benefits of gong sessions on women emotional and psychological distress after a miscarriage. This reflection came from our practice as a clinical psychologist and sound therapist working with women for nearly two decades and from the actual assessment of the "mathematics " of miscarriage.

Miscarriages are common. 10-25 % of pregnancies.
Miscarriages generate normal emotional and psychological distress in women and their families with a resolution by 6 weeks.
This distress may last longer in time & not resolve naturally for 50% of women, evolving into anxiety and depression that can last up to 3 years.
This distress is not systematically screened by medicals neither supported socially, so women are left alone & helpless with their symptoms.
When screened, the women wishing for support, be it medical and/or psychological, failed to find one in a significant majority of cases.
Sound healing with gong has shown significant improvement in depression and anxiety. 50% of symptoms reduction in a single 45 minutes gong bath.
Sound healing can be done individually and collectively so healing can be spread on a bigger scale and have a social impact.
Sound healing especially in collective gong baths is an accessible therapeutic care and can support population with a lower socio-economic background. On average 20 euros per gongbath.

As a consequence our hypothesis is that there are a significant amount of women and their families who need therapeutic care after a miscarriage and would greatly benefit from sound healing with gong which is an efficient, rapid and affordable method for stress, depression and anxiety relief. This healing effect would ripple through time and space as women are the ones who carry, birth, love and bring up the future generations, from one womb to another.

Our patient in this paper shows the symptomatic profile of an unresolved grief 8 weeks post miscarriage and we intent to observe the evolution and improvement of her emotional and psychological states after 3 individual gong sessions ; and therefore test the efficiency of sound healing with gongs on miscarriage psychological and emotional symptomatology as the only therapeutic treatment method.
The patient didn't receive any pharmaceutical treatment, neither psychological therapy prior, during and post this research. Today she reports feeling good and at peace with her past miscarriage ; anxiety and depression are not a daily concern. She is 4 months pregnant, soon 5 and conceived the cycle after the gong therapy sessions.

The method we used is individual sessions of Sound Therapy with gongs as the major instrument, in addition with Tibetan bowls, Pre-Colombian water and wind instruments, shakers and Japanese

chimes. Each session included a proven therapeutic gong protocol created by Don Conreaux known as “Gong Bath” of 45 minutes, at a rate of one session every week, same day, same hour, same duration (75 minutes total with questionnaires), same gongs and instruments, same place.

Before the very first session and after the last of the three sessions, we collected datas on the patient’s emotional and psychological state through the use of the GHQ-28, a robust and validated mental health questionnaire, and before and after every weekly session, we had the patient filled up a self reflective 5-items questionnaire on her physical and mental health to have comparative results on the changes brought within a single session, from one session to another, and finally throughout the 3 weeks.

The protocol was the same for every session, the only variable was the way we played which is always unique and adapted to the specific needs of the patient in a particular session in order to serve at best her physical, emotional and psychological balance and wellbeing.

We used Excel to analyse the results which showed a significant improvement of the emotional and psychological post-miscarriage aggravated symptomatology within 3 weeks. In less than 1 month of Gong Therapy, physical symptoms, stress, anxiety and depression observed by the GHQ-28 were reduced of 84 %, showing that Gong Therapy can be a very effective healing modality to support women after a miscarriage and its emotional and psychological consequences. Gong therapy efficiency offers an optimistic potential for prevention, treatment and therapeutic healing for women experiencing miscarriage, miscarriage complicated grief with depression, anxiety, PTSD, postpartum depression and by extension mothers’ depression during pregnancy.

Key words : miscarriage, postpartum, grief, depression, anxiety, PTSD, gong therapy, sound

| INTRODUCTION

1. Definitions :

Definition miscarriage :

A miscarriage is the spontaneous or unplanned expulsion of a foetus from the womb before it is able to survive independently.
A miscarriage is the spontaneous loss of a foetus before the 20th week of pregnancy.
Pregnancy losses after the 20th week are called stillbirths.
Miscarriage is a naturally occurring event, unlike medical or surgical abortions. A miscarriage may also be called a “spontaneous abortion”.

Causes :
Most miscarriages are caused by chromosome problems that make it impossible for the baby to develop. In rare cases, these problems are related to the mother’s or father’s genes.
Other possible causes of miscarriage may include :

- Drug and alcohol abuse
- Clotting disorders
- Exposure to environmental toxins
- Hormone problems
- Infection
- Overweight
- Physical problems with the mother’s reproductive organs
- Problem with the body’s immune response
- Serious systemic diseases in the mother like diabetes
- Smoking

Around half of all fertilised eggs die and are lost (aborted) spontaneously, usually before the woman knows she is pregnant. Among women who know they are pregnant, about 10% to 25% will have a

miscarriage. Most miscarriages occur during the first 7 weeks of pregnancy. The rate of miscarriage drops after the baby's heartbeat is detected.

The risk of miscarriage is higher :

- In women who are older - the risk increases after 30 years of age (12%) and become even greater between 35 and 40 years (16%), and is highest after age 40 (22%) to reach (50%) at 45.
- In women who already had one or more miscarriages. (25%)

Symptoms and treatment :

Possible symptoms may include sharp and dull low back and abdominal pain and cramping, vaginal bleeding with or without cramping and tissues expulsion.

If the miscarriage is not complete spontaneously, medicine or surgery (suction curettage) may be needed to remove the remaining contents from the womb.

After treatment, women usually resume their normal menstrual cycle within 4 to 6 weeks. It is often possible to become pregnant immediately. It is suggested to wait one normal menstrual cycle before trying to become pregnant again. A history of a miscarriage doesn't reduce the chances of having a healthy baby in the future.

After a miscarriage, women and their partners may experience sadness and psychological distress which is normal reaction after a loss. If those feelings don't go away or get worse (anxiety, depression, PTSD..), it is suggested to seek for help to family, friends, support group and also psychotherapeutic care. (source : A.D.A.M Medical Encyclopedia)

Definition miscarriage grief :

From a psychological point of view, miscarriage generates a process of grief which is a natural reaction to loss.

Typical emotions can range from shock or anger to sadness or numbness, guilt, emptiness, fear, sense of failure, loss of control, loss of trust the body and fertility, loss of faith in self and the future, confusion, loneliness…

Many women go through a bereavement period. It's common to feel tired, lose appetite and have difficulty sleeping, difficulty concentration, frequent episodes of crying, self-harm or suicidal

attempts or actions. The hormonal changes that occur after miscarriage may intensify these symptoms.

It's possible to develop mental health problems because of the grief caused by the loss. Depression and anxiety are common, but some women may also develop other issues, such as Post Traumatic Stress Disorder (PTSD) or Perinatal Obsessive Compulsive Disorder (POCD)

The severity of continued psychological distress has no association with the number of weeks women were pregnant and can equally affect women who have experienced an early miscarriage or stillbirth (ie a loss after 20 weeks of pregnancy). Meaning that women can have an intense emotional and psychological reaction after even a very early pregnancy loss and require some therapeutic care that might be considered by medicals and even society as useless and luxurious at this stage.

Definition of grief & "Grief model" :

There is a distinction between "grief"as a psychological concept and "grieving" as a reaction to the loss of someone who has died. (Granek 2010). Grieving as a universal phenomenon is ***"the experience of a person who is responding to the death of another human being whom he or she has loved or felt an attachment to."***

In her book *On Death and Dying* (1969) Elisabeth Kübler-Ross theorised a grief model now commonly referred to, where grief proceeds along a series of predictable stages before resolution. The general five stages of grief model typically include **denial, anger, bargaining, depression and acceptance** however miscarriage grieving is not a tidy process and women don't really pass through the stages of grieving in a "one stage follows another" type of way.
Typically they jump back and forth between the stages for as long as the mind needs to, but the first stage of the grieving process is usually **denial** where women feel numb until their minds are able to start processing what has happened.
Then comes **anger**, directed towards self or the medical professionals or closed ones or their own bodies. Women report being angry at their body for "letting them down" and not being able to do what other women can do and being angry after the unhelpful medical staff or well intended but clumsy relatives or even partners who don't understand the depth of their losses.

The **bargaining** stage is where the mind starts to try to understand why the miscarriage happened and what could have been done to avoid it. This stage is closely tied up with blame and anger.
In the **depression** stage, women acknowledge the loss and experience sadness, crying, shame, inadequacy or a sense of hopelessness.
Lastly there is **acceptance**. Even if sadness is still there, the thoughts are no longer consumed by the miscarriage.
There is no time frame for this phase to happen. Healing is not linear but cyclical and comes by waves.

Miscarriage grief complications : Depression, Anxiety and PTSD for months and/or years … Prevention ?

Approximatively 10-25% of all pregnancies end in a miscarriage, making it a common early pregnancy complication. At the time of miscarriage, most women will experience a period of intense emotional distress. This reaction tends to improve by 6 weeks, with further resolution of symptoms after several months but for half of the women with worsened symptoms it's not the case.
A medical article on screening psychiatric morbidity after miscarriage reports that psychiatric morbidity affects 48% to 51% of women who have miscarried.

During the initial weeks following a loss, symptoms of grief may be impossible to distinguish from depression and some women may continue to experience depressive symptoms for months.
Research report that women interviewed at 6 to 8 weeks following a miscarriage experienced substantially more depression than a matched cohort of non pregnant women.
At 12 weeks after miscarriage, anxiety was more frequent and intense than depression.
At 6 months following the miscarriage women are at a significantly increased risk for minor depressive episodes and even more anxiety. Indeed the uncertainties that women experience after a pregnancy loss contribute to a high level of anxiety which may represent a greater psychological burden than depression. Concerns include waiting for the return of menstrual cycles, desire to conceive, risk of recurrent miscarriages, fears about their reproductive abilities and fertility…
A longitudinal study of over 13,000 women in the United Kingdom who had experienced previous prenatal losses revealed that some of them experienced persistent depressive symptoms and anxiety symptoms after 33 months, so nearly 3 years, while proven depression following miscarriage persisted for up to 1 year.

Research estimate nearly 20 % of women who experience a miscarriage become symptomatic for depression and or anxiety with symptoms persisting for 1 to 3 years, impacting quality of life, relationships and subsequent pregnancies.

Among severe anxiety disorders, PTSD is the most frequent one.

PTSD is a mental health condition triggered by a shocking event - either experiencing it or witnessing it. Symptoms may include 1.re-experiencing (stress, flashbacks, nightmares, uncontrollable thoughts about the event..), 2.avoidance and severe anxiety, 3. arousal/reactivity (easily startled, on guard, sleep and concentration problems, anger and risky/destructive behaviour), 4. cognitive and mood symptoms (predominance negative emotions over positive, self blame, isolation, loss of interest..).
To meet the criteria, the person must present symptoms in each of the 4 categories (cited above), for longer than 1 month, with severe interference with daily life and relationships and no relation to medication or other substance. Some people recover within 6 months, some have symptoms lasting for 1 year or longer. People with PTSD often have co-occuring conditions such as depression, anxiety disorders and substance abuse. (source : site nimh.nih.gov)

An interesting study from the Imperial College of London found that among 186 women who experienced an early pregnancy loss, 28% met the criteria for PTSD after 3 months of follow up. Another recent study suggests that one month after a miscarriage, 1 in 3 women have PTSD symptoms and 1 in 4 have symptoms of moderate and severe anxiety. And at nine months, these numbers drop to around 1 in 5 and yet remains a concern as PTSD is pretty debilitating.
20% of women who experienced a miscarriage will show PTSD almost one year after the experience.

Not every woman who experiences a miscarriage will develop clinically significant anxiety or depression but several **factors** have been identified that can predict why some may experience greater emotional distress. The factors include loss of planned pregnancy, history of infertility or long period of trying to conceive, no warning signs of loss, prior miscarriages, loss at a later gestational age, no living children, social isolation, relationship strain between partners and prior history of poor coping skills. Also miscarriage exert a greater depressive effect on women who are younger, Hispanic, and of lower socio economic status and the level of depression rises with

increased number of miscarriages, as well as surgical interventions after failed miscarriage management.

Even though symptoms diminish during the early months after miscarriage, 25% of women experience clinical depression at 1 year.

Those datas raise the awareness upon the necessity of **prevention** of miscarriage grief complications among women at risk and also the potential for therapeutic modalities such as Gong Therapy as a preventive healing modality for this population.

Consequences of Miscarriage Grief Complications on subsequent pregnancy and child :

Between 50% to 80% of women who experience miscarriage become pregnant again.

A subsequent pregnancy represent a time of conflicting emotions as couples balance between being hopeful while also worrying about the risk of a repeat loss. After miscarriage, 68% of women were still upset 2 years after the event and 64% reported that it affected decisions about subsequent pregnancies. Contrary to popular belief, **becoming pregnant again is not a protective factor against depression or anxiety**. Mood symptoms following a prenatal loss do not always resolve with the birth of a subsequent healthy child and can reverberate through the future conception, pregnancy, birth and early bonding with the future child(ren).

A prior pregnancy loss is a risk factor in developing depression and anxiety during future pregnancies which impair both mother and foetus (and later infant) development. Research on 20,000 pregnant Chinese women with a history of miscarriage showed that they had a greater risk of anxiety and depression during the first trimester than primigravid subjects (i.e. women pregnant for the first time). Even conception less than 6 months after their loss did not reduce anxiety during the first trimester regardless of maternal age, education, body mass index, income, and residence. Those with a history of miscarriage have a higher levels of pregnancy-related fear during their first trimester which correlates with complications including increased rates of vaginal bleeding, fatigue, hospitalisation, and low APGAR (Appearance, Pulse, Grimace, Activity, Respiration) scores in the neonate.

As a conclusion, anxiety, depression and PTSD symptoms don’t spontaneously resolve with the subsequent pregnancy but negatively reverberate and impact subsequent conception, pregnancy and birth. Untreated miscarriage grief has direct negative consequences over the

mother and subsequent child(ren) physical, emotional and mental health and future development.

Miscarriage complicated grief consequences over subsequent child's psychological development :

There are countless of research studies in the field of neuropsychology, infant psychology, early mother-infant bonding psychology on the effect of the mother's depression for the baby in utero, same for mother's anxiety during pregnancy and it's known that mother psychological symptoms pave the way for psychological conditions if not severe symptoms in the child, sooner or later in the development. For example, in the lineage of Bessel Van Der Kolk's theory of trauma, studies on pregnant mothers' anxiety showed how the elevated level of cortisol (aka stress hormone) during pregnancy predispose the child to sensations seeking activities, toxic behaviours, addictions even PTSD as an adult, as the child in utero is already addicted to the high of cortisol those behaviours provide.
Studies on mothers' depression showed how, as the child is building neurocircuits in the early stage of pregnancy and throughout pregnancy, the mother's mental, emotional and psychological wellbeing is essential for the future mental/brain health of the child. She is the environment, the "psychic soil" in which the child in utero develops its psyche. Mother's depression correlates with numerous symptoms in the child development, from depression to ADHD, agitation, irritability, depression…
So definitely an unresolved miscarriage grief has direct negative consequences on the brain of the next child in line.

…And even on the grand children.

It's well known and researched by psychoanalysts, systematic therapists, Family Constellations therapists (in the tradition of Bert Hellinger's work and theories) that **unresolved womb traumas ripple through the female/mother lineage,** and for example an unexplained infertility in the granddaughter connects back to the unresolved pregnancy/ birth/loss/ miscarriage traumas in the grandmother. Or a woman can experience a miscarriage because on an unconscious level, she is paying the guilt of motherhood to her own mother who lost babies herself, because children are always loyal to their parents in their sufferings, and most particularly when the sufferings are kept

silent. The current of love within the family lineage always wants repair and justice and bring back balance from one generation to the other. And this justice can also imply a miscarriage.

So just to name a few, we can see the ripple effects and negative impacts through time and space of an untreated miscarriage distress in a single woman. The body keeps the score. The womb keeps the score. The heart keeps the score. The unconscious mind keeps the score. The descendants keep the score.
Society also does as depression and anxiety impair daily functioning and social participation. So miscarriages numbers are nothing of a normal banal statistics.

REFLEXIONS ..
A banalised experience with no systematised medical and therapeutic care - a potential niche for Gong Therapy ??

Miscarriages appear to be an occurrence hard to screen, with unpredictable and yet debilitating emotional and psychological consequences on women. **A pretty underestimated "too banal" occurrence with overlooked impact on women's emotional and psychological wellbeing and its numerous ripple effects** on their partner, family and subsequent pregnancy and child(ren), miscarriages fail to find a proper recognition in terms of therapeutic care even if the lasting consequences showed to be pretty debilitating, life-impairing and long lasting.
Those datas show the complexity of an accurate screening of women who experienced miscarriage and of a real assessment of the emotional and psychological symptomatology they will present in the months and/or maybe year(s) following the event. And therefore the difficulty to propose an efficient and adapted therapeutic care to those women.
Also knowing that the numbers given in the research mostly concern women in connection with the medical system but what about **women "under the radar",** those who miscarriage alone, home, maybe visit their private OBG and come with the advice to wait for the next cycle and try (to conceive) again, without further explanation of the psychological and emotional turmoil they are in and maybe for a long while ?

In my clinical experience with women, I have heard reported numerous times the same narrative from medicals, where no explanation is given prior or post miscarriage, where the event is banalised, where the patient is invited to "move on" rapidly and be rapidly pro-active in a future successful pregnancy and there is pretty never mention of the grief, the depression, the anxiety, the

physical hormonal cascade that is gonna impact the weeks, months and if not the year to come. Those women do not enter in the statistics given above and yet they are real, as well as long weeks and months if not years of pain. No mention is done about the miscarriage emotional and psychological consequences so as a result no invitation for therapeutic care is suggested.

It's reasonable to think that miscarriage grief and miscarriage complicated grief concern more women than the given datas, so more lives compromised by distress and lack of support so more adequate therapeutic care needed.

This void questions the necessity of a broader information and care around miscarriage and the potential necessity of a broader mainstream access to healing modalities, such a sound therapies and gong therapies for example ,that could provide efficient emotional and psychological relief to a population that is out of the medical spectrum and maybe doesn't have access to psychotherapies either.

3. Miscarriage : a taboo ?

Def : "Taboo : prohibited or restricted by social or religious custom".

Miscarriage is **a sensitive topic as it touches dimensions such as death, life, sexuality, religion,** questioning what is human and what is not, when life starts or not, and when/if a soul enters the foetus, exposing the invisible to the visible, the sacred to the profane about the mystery of life as it happens in the secret of the female womb and will always nourish the biggest question of all : What is life ? What is death ?Why are we alive ?

It's a very vast topic and not the purpose of this paper to develop it so we will focus here on the silencing around miscarriage as it ripples through the underestimation of statistics and thus overlooking the emotional and psychological consequences on - many - women.
A question among others arises : is it because it's taboo that it's underestimated and overlooked, or because it is underestimated and overlooked that it keeps on being a taboo. If an event is banalised and zeroed then it is individually and collectively repressed, and if the weight of the collective, social, medical, religious, cultural programming is heavy, then high chance too that the individual experience falls into the collective oblivion. And that miscarriages are still wrapped up with silence but also as a consequence with more pain.

Losing "more than"… Echo of Melancholia :

Miscarriage is a traumatic loss and a painful complicated grief for many reasons.
Even if the loss appears at an early stage, most women who had a miscarriage refer to the loss as the "baby", sometimes correcting themselves of the use of this word, but in their heart and because the woman psyche is built in such a way than women carry life both physically and psychically, **pregnancy in a woman's mind equals "baby".** For the women, the loss is very real even if she knows about the first trimester statistics. They report losing a "baby" and not only a bunch of cells with chromosomic defects. They also frequently report having lost part of themselves in the miscarriage. And the pain is magnified by the fact that people don't understand what is lost. The testimony of this woman who experienced several miscarriages reflect what is often heard in sessions working with those women.

> "The trouble with miscarriage is that most people don't understand what it is you have lost. I've lost my babies. I've lost the ability to be excited about pregnancy. I've lost trust in my body, in hospitals and in statistics. Most of all I've lost faith, in myself and in the future."

We see how much a miscarriage can be more than the loss of an object (i.e. "what" "the subject relates to in psychoanalysis) but the loss (partial or not) of the subject herself, which reveals the narcissistic (i.e. relative to the self) dimension of pregnancy for women and same for an interrupted pregnancy. And as a consequence, how losing a baby, i.e. a part of oneself, can nourish melancholy among women. We use the term "**melancholy**" here as an extreme attachment to the object that is lost and a morbid identification to it which splits the psyche and slows down the grieving process, as Freud developed it in his famous book *On Murder, Mourning and Melancholia* (1917).

There is a melancholia potential in every pregnancy loss, not saying that it will necessarily express but because of the nature of the phenomenon itself and because of its nature as social, cultural, religious object. As a consequence it's even harder for women to process a loss they can be so identified to, while it's being negated in their environment. The confusion between losing a baby and losing oneself in a world where nothing of this baby was visible clearly aggravates the grieving process. It's nearly as if women were being delusional and crazy, too hysterical in all senses…
As there is debate over "when / what weeks life really starts within the womb" or "if/when a soul or spirt incarnate", women can hear that they are grieving something that "does not exist" or "didn't really exist" or "was not meant to live because God decided so…".
Whatever the causes that provoked the event, the reaction to the shock and to the void that appears with the loss, leave women and parents pretty unprepared and dazzled.

A loss without a body, a mother without a name, a death without funeral :

Contributing to the distress and the extension of grief into depression is the fact that society fails to recognised the loss of the mother who is hardly called "mother" and the loss of the parents that are hardly called "parents" in that case. Parents of a child lost in utero are not socially recognised as "parents" as if this title is honorific for parents of a live child only, which leaves those parents and couples into a void of **nomination and recognition**. Their grief is not recognised, their identity of "parents " not labelled, their child non existent, their distress almost not socially valid and shameful. Parents come with sweet names such as "rainbow babies" or "angel babies" in an attempt to label a baby that never found a finite human form but who is very real for them and invisible to others. How can they mourn a child who is not ? That's all the ambiguity of miscarriage. Deeply grieving a potential of a being more than what was, and yet who was already utterly alive and real.
Maybe we should collectively start to **think about miscarriage as a grief without a body ?** And be able to hold space for it as such ?

Usually humans process grief collectively, gathering around the departed and the closed ones affected by the loss and supporting them. Rites, ceremonies and human gatherings create facilitating conditions to process the grief and give it a social and human meaning that support the grieving process. **There is no funeral for a miscarriage** yet the woman and her partner wear dark colours in the silence of their hearts. **A loss that is not recognised and not socially and symbolically supported is less easily metabolised by the psyche and more prone to evolve into a melancholic**

form of depression, i.e. an identification to the loss that blocks the grieving process and extend the painful attachment. The lack of social support participates from making a miscarriage a trauma as social isolation is related to more psychological morbidity.
But the social fails to support the loss also because the social fails to support the early pregnancy that is silenced.

A Silence that hurts many times :

It's commonly admitted that it's "wiser" to silence a pregnancy before the second trimester as miscarriages are frequent in the first trimester. **Fear, medical caution, superstition, taboo, ancestral trauma**, no matter the reasons that motivate the silencing to perpetuate, women seem to accept this silencing of their early pregnancy, depriving themselves of a real human support they would benefit in case of a loss which is paradoxically pretty frequent. If 1 pregnancy over 4 end up prematurely (and it's probably more) then a lot of women are actually concerned (as well as couples and families) and they are left to grief alone, in silence.
We know in psychology that **silence makes events more traumatic** and that it's not an event in itself that is traumatic, it's the way it's integrated by an individual that makes it traumatic (Freud). Gabor Mate, an expert psychiatrist in the field of trauma, always highlights the importance of the human environment as the first support and protection system to avoid an event to become more traumatic.
To the silence, shame, guilt, incomprehension and fears add up. More silence to the silence, more pain to the pain, more disconnection to the disconnection. And disconnection creates trauma. No wonder miscarriages can become a trauma in silence and social isolation.

While they are quite numerous and while they would need support, women are invalidated in their needs which sounds somehow **paradoxical.** It's an absurd position to consider that because the occurrence of an event is statically high then it's irrelevant to pay attention to it as a significant occurrence. And it's absurd also not to consider the consequences of this same event also knowing it's affecting a significant amount of women with detrimental ripple effects. Is this because it's taboo that the problem is evacuated on the first place by the medical world and society and women themselves ? And is it because it's taboo that women are treated as such ? And that denial takes over the good sense of treating the reality of miscarriage as it is ?

The dread of the “non fertile” woman :

Throughout history, women have been **shamed** when pregnancies failed to happen and when live babies failed to be born, as though they were responsible for what was happening or not in their bodies and wombs. Infertile women were socially rejected and put aside the collective, being assigned with no social, marital, familial value as though the only value of a woman was attached to her capacity to bear children. **This rejection seems to still subtly operate nowadays with miscarriages**. Of course nobody wants to recognise it, but de facto, miscarriage is still a topic that makes people, including women, uncomfortable and generates attitudes of rejection, banalisation, denial, shame, even irritation and disgust… **It looks like there is no space, no representation, no name, no burial, no collective concern for those women and their grief.** Yes sometimes the womb and tomb are one. Yes sometimes women, the carriers of life, carry “death”. It’s a reality that is undeniable despite the seduction to put a veil over the problem.

Losing a child is not in the order of life, losing a child still in the womb scatters the mind at a very deep level. Miscarriages appear very “anti-life”, “anti-natural” and yet there are quite common and natural too ; in nature not very seed becomes a fruit, Mother Nature is pretty cruel in her natural selection and yet our human psyche tends to resist this idea. Why ? Is it because we are then reminded of our human limitations, humbled by the Big Mystery of life or does it stir a lot of subconscious traumatic layers miscarriages are connected to and trigger collective unconscious resistances ?
If the progress of fertility techniques can falsely give the idea that no matter what, a pregnancy will always find a happy ending, something of the human mind seems to not be able to comprehend and accept the interruption of life during pregnancy, the interruption of life before life appears in a live human form as we all know it. The death of a child not even born still strikes a chord in the individual and collective psyche. Whether this loss is grieved or repressed.

The formless : attempts of figuration …

We feel how much **miscarriages are at the crossroads of life and death, visible and invisible, form and formless**. At the heart of this polarity, Sylvie Le Poulichet, a French psychoanalyst, calls in her book *Théorie de l’Informe (Theory of the Formless)*, the **formless** “*this liminal space where identities and images shatter, opening the doors for the release of subconscious fantasies,*

triggering the rational mind on what is real, what is not, what is me, what is not me, what is dead, what is alive".

Put aside the traumatic and emotional charge of the event itself, it's inevitable that miscarriages also trigger women's "emotionality" and "irrationality" as it taps into the subconscious tank of their minds trying to figure out an event that is **hard to figure out and on the first place " non visible"**. In a vast majority of cases, women who miscarriaged never saw the foetus or "who/what" was growing inside of them. If the miscarriage requires a medical procedure, the patient under anesthesia will never see what is then considered as a "**medical waste**"; if the miscarriage happens home, with the use of a prescribed medicine or not, hard chance "it" will be flushed as other "**body waste**".

Doctors, OBG, echographs come in first position to **obliterate the loss**, reducing it to a statistic occurence, without explanation of the causes neither description of the way the miscarriage will happen, blanketing the event as non relevant, disgusting or negative, and urging women to wait for their next cycle to "try again" in the hope a positive pregnancy will magically erase the "negative" pregnancy. It's well known by psychologists that the medical world itself has solid protective mechanisms against death and illnesses and "anything human that escape to their control" so no wonder either the whole miscarriage phenomenon is being denied at some point and flushed into the medical underworld.

Denial or not, it's hard for a pregnant woman to flush her baby and it's even harder for the mind to grieve something without witnessing or representing it. That's why we humans keep photos of the departed or keep their objects, to allow ourselves to keep them a little bit longer with us as we let them go into the immaterial world. **In most miscarriages cases, there is no "picture", no "representation"** of what has been lost and yet already so much loved and invested. Maybe some women have "echography portraits", but in case of an early spontaneous loss, they don't; in case of a missed miscarriage (i.e. the foetus is dead but the miscarriage is not happening spontaneously), women have a photo of "something dead" inside of them and that probably doesn't look like very much to a miniature human. Those images are traumatic, the same way no images is too. **It's hard for humans to grieve the invisible.**

On top of the pain of women and its ripples in their lives, the current underestimation of miscarriages and their consequences invite to a massive transformation in the way we individually and collectively regard this common and painful experience and invite to a real call to action in terms of screening & systematisation of therapeutic care.

This void appears to me as a perfect potential for alternative proven healing modalities such a gong therapy to bring grief relief and resolution - in the perspective hypothesis of this research on gong efficiency on miscarriage anxiety and depression symptoms.

4. Description of Gong Therapy and its effects :

Benefits of sound therapy :

Hundreds of research studies have found that music has both physical and mental benefits.
A review of 400 published scientific articles found strong evidence that music has therapeutic effects on both physical and psychological bodies.
One study found that sound meditation helps reduce tension, anger, fatigue, anxiety and depression (i.e. all the postpartum symptoms), while increasing a sense of spiritual well-being. Another study linked music to a number of health benefits including boosting immune function and blood circulation. Sound-based vibration treatment has been shown to ease numerous physical ailments such as arthritis, menstrual pain, post-operative pain, muscle pain and stiffness. It improves mood and reduces stress with rhythm, providing physical pain relief.

Definition of gong meditation :

The gong is one of the oldest man made instrument, dating back over 5.000 years, playing an important role in ceremonies, rituals and healing in cultures including China, Afghanistan, Greece, India, South America and Africa.

A gong meditation is a passive experience in which the listeners simply lay down and let the sound of the gongs and other instruments “wash over” them, hence the term “gong bath”. The gong player creates a soundscape that takes the listeners on a relaxing meditative journey that has profound

effects on rebalancing the nervous system. The different instruments and the different mallets used to play create a wild array of sounds similar to a full body-mind immersion in sound that acts like a "sonic massage". It's not a musical part as one can expect in a concert; sound is thought after more for its healing effects more than a melody itself.
A gong meditation has effect on everybody, whether the person loves the gong or not, whether the person is familiar to it or not. There is nothing to learn or understand, no skills required so it can benefit anybody from any background, any physical condition and totally new to sound experience - which is a plus in favour of gong therapy for women's grief after a miscarriage. Literally ANY woman can benefit from a gong meditation or gong bath. Anybody in grief, anybody showing stress, depression and anxiety.

Definition of "gong bath" :

The gong bath was created in the early 70s by Don Conreaux, following the instructions of his master Yogi Bhajan. The gong covers the full spectrum of sound. The sound and vibrations (tones) created by the gong reach the physical body through the ears but also the whole skin via the dermatomes, vibrating all the body's cells, bones and organs. "A person does not hear only through the ears; he hears sound through every pore of the body" reminds Hazrat Inayat Khan. Don Conreaux describes tones as "feeling tones" : "*We call the tone produced by the gong a "feeling tone" because you feel it in your body, as well as hearing it. The musical touch turns the body into one big ear and creates a sense of well being".*
The vibrations then affect the parasympathetic nervous system then the brain, changing its wave patterns within 90 seconds & opening the meditative space. The tones of the gong move people from an awake (Beta) state to a more relaxed calm (Alpha) state then onto a restful state (Theta) and finally to a deeply relaxing meditative (Delta) state. This process allows to unblock subconscious patterns, physical and emotional blockages. Sounds takes you where you need to go and does its job even if the participant is not aware of it. The shift of consciousness happens in itself. The gong activates and balances the brain, its sound harmonises and establishes a unity between our duals forms of perception. The left brain is beta and the right brain is alpha; with the sound of the gong, consciousness begins to shift into theta which allows a sharing or merging of both halves of the brain and attunes us to universal knowledge.
Don Conreaux uses the term "*transvolution*" *to describe the quantum leaping into consciousness that allows the participants to leave behind their limited parameters and transit from peak to more*

sublime experiences. Through deep relaxation, the gong induces a process of shifting into the super-consciousness state or an instantaneous samadhi.

Benefits of gong baths and gong therapy :

The complete immersion in sound during a gong bath promotes a deep state of relaxation and allows the natural rebalancing of the physical, mental and emotional bodies. The gong vibrations cause the brain, heart, and respiratory rates to slow down and increase the release of melatonin, endorphin and dopamine chemicals linked to feelings of wellbeing and expanded clarity.

In 2016, Albinca Pesek and Tomaz Bratina conducted a study involving 129 participants to gong baths. The results reported *"participants found sound vibrations healing and relaxing, contributing to inner peace, better physical and mental wellbeing and promoting a desire for person growth."* Apart from deep relaxation and reduced stress levels, participants report a number of gong benefits and experiences such as strong emotions such as joy, exaltation, expansion, liberation, tears release & pressure release, feeling of floating into space, bright lights, strong colourful images and memories, connection with departed loved ones, feelings of belonging to a bigger system or universe, unification of past, present and future, totality & unity, deep wellbeing, clearer perspective, profound inner peace and calm, peaceful mind free from the chatter of the mind.

The gong passively provides the same looked after effect than active yoga mediation as defined by the sage Patanjali in the famous first line of his *Yoga Sutras "Yogas Chitta Vritti Nirodha"* = yoga is the removing of the fluctuations of the mind.
Knowing that anxiety and fear tend to be associated with a hyperactive mind that creates a lot of fluctuations (on the negative side most of the time), the gong is highly beneficial for anxiety and might promote the "acceptance" phase of grief, bringing the patient towards more non-attachment to the emotions, thoughts and event and later grief resolution.

Recently a larger scale research led by Vikrampal Singh during 42 gong baths on the Wesak full moon showed the significant improvement of stress, anxiety and sadness among the 363 participants. Following the structure of gong baths as given by Don Conreaux and a special therapeutic protocol guidelines given to the players, as well pre and post gong bath self-reflective questionnaires given to the participants, Vikrampal's experimentation and extensive study showed

the undeniable therapeutic effectiveness of 45 minutes gong bath only on a random population presenting physical and psychological symptoms from stress to pain to depression.

| MATERIAL & METHODS :

Patient :

D. is a young Mexican woman of 33 years. She has lost her first pregnancy through a spontaneous non medicalised miscarriage, 8 weeks prior our first encounter. She shows emotional and psychological distress beyond the 6 weeks of supposed grief resolution. Symptoms are apathy, lack of energy, melancholia, disorientation, dissociation, fear, general anxiety and anxiety over her fertility and future pregnancies.

I meet her in a yoga training and she has heard about my healing gong sessions and apparently my “connection to the world of death". Her first demand is about her lack of energy which is a sign of many symptomatic profiles, and as she relaxes and gains trust in me, she tells me about her miscarriage which is, after a further anamnesis, the key event and cause of her current psychological symptomatology when we start the sessions.

Consent :

I have her consent for this research. She is informed of the anonymous use and publication of her personal datas.

We agree on 3 sessions to support her through this painful experience, before she goes back home in Mexico.

We start our first session on the Saturday, 1st of July. Second session on the Saturday, 8th of July. Third and last will be on Saturday 15th of July. All sessions occurred in the same place in my gong studio in Palma, following the same structure : welcoming the patient, 5 items-questionnaire evaluation, brief discussion over her feelings and symptoms and her intention for the session, then 45 minutes of gong bath session, 10 minutes of silence for integration, then 5-items questionnaire and closing discussion around a tea.

First and last sessions were preceded and followed by GHQ-28 in the week prior and after.

Sessions usually lasted 75 minutes total.

Instruments :

For this study we used different instruments, the gongs being the master instruments:

Gong set :

Gong Symphonic 40" from Paiste - Note B1 60,5 Hz

Gong Nibiru from Paiste - Note E2 80,63 Hz

Gong Pluto from Paiste - Note C2# 70,12 Hz

Gong Platonic Year from sPaiste - Note F2 86,03 Hz

Gong Synodic Moon from Paiste - Note A2# 113,71 Hz

Mallets :

Olli Hess PGM 355

Olli Hess PGM 5186

Olli Hess PGM M70

Soma mallets

Olli Hess "move line" rubber mallet

Meinl Flumies

Tibetan bowls :

Binaurales DO# 134,8 - SOL 384,2 // DO 130,2 FA# 373,3

Heart Chakra note F4# 379,2 Hz

Root Chakra note C4 263Hz

Other instruments :

Shakers & Pre-Colombian instruments

Indian bells

Koshi Japanese chimes

Notes on Planet Gongs :

I chose those gongs for their effects in working certain body parts, specific organs, chakras, emotions, archetypes, symbols and thought forms in the patient. As well as the intrinsic qualities of the energy Planet Gongs are connected to, how they can support a specific energy work with the patient ie connection, re-connection, shadow work, transmutation, resolution etc.
In the *"Guide of Tones for Sound Therapy",* Don Conreaux describes how each Planet Gong carries the qualities associated to the planet they have the frequency of, as theorised by Hans Cousto in his book The Cosmic Octave (1978).

Synodic Moon Gong : **movement**, **opening, feelings**, receptivity, intuition, water, feminine, womb, protection, memories, instinct, cycle, psychic abilities, emotions, secret, divination. Function = connection to nature and natural cycles. Bring back to motion, to balance. Sexual chakra.

Nibiru Gong : **evolution**, journey, origins, genetics, change, feelings, emotional blocks and resolution, illumination, initiation and restoration, death. Function = helps identify emotional needs and blockages to bring resolution, repair and balance. Plexus

Platonic Earth Gong : **health, experience,** nature, support, material wealth, creativity, concentration, reason, remembering, birth, youth, middle age, closure, perfection, serenity. Function = being in our own body. Balance. Destiny - Heart & Crown chakra.

Pluto Gong : **transformation**, transmutation, integration, sexuality, illumination, liberation, potential, taboo, unconscious, shadow, death, resurrection, rebirth, polarity. Function = growth and transcendence in conflict, dismantle the old for upgrade, agent for change and development, evolution. Root chakra.

Psychological questionnaires :

We used psychological questionnaires to assess the evolution of her emotional and psychological wellbeing before and after the session and throughout the 3 weeks of sound healing.
The week before her first session and the week after her last third session with me, D filled up the GHQ-28, a validated mental health questionnaire to assess her psychological state, few days before and few days after to avoid recency bias and anticipation bias.
GHQ-28 is a 28-items test regrouped into 4 subscales (A. somatic symptoms ; B. anxiety/insomnia; C. social dysfunction ; D. severe depression) on a 4 points Likert rating scale.

GENERAL HEALTH QUESTIONNAIRE - GHQ-28 (Goldberg and Hillier 1979)

HAVE YOU RECENTLY :

1. Been feeling perfectly well and in good health ? A1
2. Been feeling in need of a good tonic ? A2
3. Been feeling run down and out of sorts ? A3
4. Felt that you are ill ? A4
5. Been getting any pains in the head ? A5
6. Been getting a feeling of tightness or pressure in your head ? A6
7. Having hot or cold spells ? A7
8. Lost much sleep over worry ? B1
9. Had difficulty in staying asleep once you are off ? B2
10. Felt constantly under strain ? B3
11. Been getting edgy and bad-tempered ? B4
12. Been getting scared or panicky for no good ? B5
13. Found everything getting on top of you ? B6
14. Been feeling nervous and strung-up all the time ? B7
15. Been managing to keep yourself busy and occupied ? C1
16. Been taking longer over things you do ? C2
17. Felt on the whole you were doing things well ? C3
18. Been satisfied with the way you've carried out your task ? C4
19. Felt that you are playing a useful part in things ? C5
20. Felt capable of making decision about things ? C6
21. Been able to enjoy your normal day-to-day activities ? C7
22. Been thinking of yourself as a worthless person ? D1

23. Felt that life is entirely hopeless ? D2
24. Felt that life isn't worth living ? D3
25. Thought of the possibility that you might make away with yourself ? D4
26. Found at times you couldn't do anything because your nerves were too bad ? D5
27. Found yourself wishing you were dead and away from it all ? D6
28. Found that the idea of taking your own life kept coming into your mind ? D7

On addition to GHQ-28, D. filled up a 5-items self reflective questionnaire to evaluate her physical, emotional and psychological state before and after each of the three sessions. This test consists in a self evaluation of the patient's current perceived level of : 1/ physical pain; 2/ stress; 3/ fear; 4/depression; 5/ anxiety on a 5 points Likert scale.

SELF ASSESSMENT OF PHYSICAL, EMOTIONAL AND MENTAL STATES :

Can you please evaluate you current level of :
1/ physical pain
2/ stress
3/ fear
4/ sadness
5/ anxiety
On a scale from low to high - 0 to 4.

| SESSIONS WITH D

First session - reconnect with the body - revitalisation - body level
Second session - reconnect with the emotions - expression and emotional release - emotion level
Third session - reconnect with the experience - integration - mind and soul level

First session :

The first session with her aims at bringing her back into her body. She comes with the intention of having *"more energy and less fear"* - i.e. fears about her fertility and ability to bear future pregnancies which is a very common doubt after a miscarriage which feeds women's latent anxiety as a greedy monster. No surprise she reports having no energy if she is drained by fears and worries.

Working with the gong, we can, as a player, "add" more of something and "withdraw" something that is not wanting. Here the patient's demand is clear = more physical energy / vitality and less fear. My therapeutic intent for this session was to revitalise and energise the body using mostly the Symphonic gong which is a winner for the physical body and very stable for emotional imbalances. Also playing "*Brimhana" (expansion)* according the principles of Ayurveda as Mehtab Benton refers to in his book *Gong Therapy* as a traditional way to promote healing and transformation, that is to say *"energising play, stimulating for the nervous system, balancing for tamasic (lethargic, stagnant) energies. It creates heat in the body, activates the mind, awakens the spirit*" (p122) - in some sort, connects back to the life current when the energy is off.

I played with a focus on the lower chakras triangle as the gong offers the possibility to work on the different organs and qualities associated to the chakra system : root chakra to anchor her and work on the fear, second chakra to support the healing in the womb space, third chakra for energy and willpower and of course heart region to awaken stuck emotions & nourish the heart to support the grief. At this stage of the therapeutic process, she is not really evoking the sadness neither the grief. She is factual, pretty numb and disconnected, slow in her motion and in her speech, detached and passive which is not without evoking melancholia traits.
As I guide her for her intention, she loses contact. It's like she is not here, out of herself, floating, which might evoke a transitory state of dissociation and thus the traumatic aspect of her miscarriage. Something of the experience has been too overwhelming for her and her nervous system and a defensive mechanism occurred to protect her against her own emotions. As Gabor Mate, the famous psychiatrist specialist in traumas reminds it *"If the trauma is the disconnection, the healing is the reconnection"* and such is my guideline for those 3 sessions, to bring her back into her body, back to herself so she can process her repressed emotions with safety and integration.

Please note that, as a gong player, I have no intention except being neutral and serve my patient and her own intentions, i.e.*"more energy/less fear"* in this precise session, but as a therapist I can

connect her demand to a broader symptomatology chart and adjust my way of playing the gong with more subtlety and connection to the inner intelligence at play in the gong healing.
Here the lack of energy and fears as well as the disconnection is a sign of the aggravated grief into PTSD and asks to be treated as such. I also used the Synodic Moon gong as a hand gong to connect her back to the feminine energy and assist womb healing, started the session with stimulating Indian bells and closed the session with Koshis of Spring & Earth to promote rebirth and a new start, the unblocking of physical and emotional energies. For the rest I don't remember in precise details. After the session she feels good and lighter. More "in charge" of her healing. It's a good start.

Few words on the power of the sankalpa and the activation of the patient's innate healing capacities:

In yoga there is practice of creating a "Sankalpa" or "resolution", or in the Western world "positive affirmation" or "intention". Affirmations or sankalpas are phrased in the present tense and in an affirmative manner that connects the user of the affirmation to a desired or definite outcome. For examples are 'I am healed in every cell of my being", "I am happy in the present moment" , "I am good". During the gong therapy session and before the gong is played, the client/patient can be asked to formulate a positive intention or personal affirmation to arise consciousness in that moment and silently repeat it or express it out loud. The idea is that the patient is in charge of his or her healing, the gong being played by the gong player as a neutral channel to awaken the natural healing capacity of the patient. (Mehtab Benton, 2016).

We see how it already resonated with her, being in charge again, in command of her physical, emotional and psychological state as she was drifting along the lonely shores of miscarriage infinite distress. Where she felt powerless and disconnected, the gong could promote the natural capacity of the body and psyche to heal itself. Where she felt powerless losing her baby, she could participate to her own repair & co-create with the universe, switching from "victim consciousness" to "acceptance" and further on "co-creation", walking her way the steps of healing.

Second session :

(...) "Part of the ***therapeutic process*** *working in going therapy is to release old patterns an as thoughts or feelings arise during the session, simply to let them go with the sound of the gong, much like the cleansing waves of the ocean.".* (Mehtab Benton, 2016)

This session offers a totally different display of her emotional and psychological state.

Where in the first session she looked disconnected and slow, melancholic and in shock, with the intent to be more energetic and fearless, she reported before this session being very agitated and emotional, restless and sad, which as a therapist is a good sign that emotions (energy in motion) are unblocking and starting to move towards more integration. Emotions are never the problem, their repression is and in the case of PTSD, the default of a safe containment and/or the overwhelmed nervous system fail to assure the emotional regulation. It's like emotions are flooding the psychic capacities of the subject.

The second session aimed at supporting D. emotionally, providing to that she feels safe in processing her emotions of immense sadness she is starting to get in touch with. *"I think I do a good* job *not holding onto anger, sadness is harder"* she whispers.

As D. sounds more in touch with her emotions and processing the loss, I have chosen to play gongs that are connected to death (Nibiru) and the unconscious (Pluto) with the Synodic moon (feminine and womb healing) and always the Symphonic gong to stabilise the nervous system. In addition a heart chakra bowl on her heart, a root bowl to anchor her in the journey, shamanic instruments connected to death, whistling vessels, Koshi of Water for emotional healing - water being the element we use in sound healing to move stuck emotions - and Japanese chimes of Autumn and Winter to echo the descending energy of death and closure.

This session sounded like "honouring the death", a "sound funeral" supported by the energies of the gongs as loving witnesses and transportation machines between the two worlds, finite and infinite, opening the realm of immortality as Don Conreaux developed it in his theory of the gong.

I guess it was what she needed on an energy and soul level ; being able to bring closure to an event that went through her and stopped, out of her helpless control, without the possibility of a goodbye and before that, without grasping/witnessing even seeing "what" she lost really. She confessed confused that she lost the "baby" in the toilet (as it happens for so many women alas), and we already discussed the mental confusion it creates to grieve so intensely something that had no existence, neither representation, neither visible form and that women eventually expel as waste. I invited her during this session to connect with the name she had for her baby as it helps personify and represent the loss, supporting a shift from melancholia to grief, from having "lost herself" to "having lost a baby at an early stage of pregnancy".

While playing I receive the intuition that it could serve her to write a letter to the baby for closure when she's home in Mexico as her house carries the memories of the experience. Don Conreaux explains this activation of the innate intelligence of the patient and the player as well through the notion of ***"Turyia".*** *"During the gong experience, we are in the completely awake while completely asleep meditative state, what I call the 4th dimensional dream body. In this state which is also known as the completely natural yogic state of "Turyia", we greatly increase the re-youthing efficiency of our* ***innate intelligence*** *that operates 24hours a day. After a gong tone immersion, when the personal ego returns to material consciousness, one seems better able to obtain condition of* ***non-judgment or neutrality, the quality of body/mind harmony.****"*
What is interesting is that she already wrote a letter to the baby but kept it in the drawer of her bedroom and couldn't resign to throw it away; which sustains the hypothesis of a melancholic attachment complicating and delaying the natural resolution of the grief. We don't know why and we don't need to know the why for the gong to do the job in working on the attachment via the innate intelligence activation. It's like, through the sound space opened by the gong, this solution is brought to the patient one more time, first time by a doctor, second time by me receiving the message so to allow this goodbye ritual to come back into the healing loop and be eventually considered as a good solution. Thus confirming that the gong tones unblock mental and emotional blockages, open intuition, clarity, bigger perspective, higher intelligence and healing solutions.
D. Is an intelligent, sensitive and intuitive young woman, she knows that it's preferable for her to throw the letter, let go of the pain and melancholic attachment to the miscarriage to make space for her new baby to come, but because of the grief, she is attached. As the solution comes again through a different angle, it can make its way through her conscious mind and be acted upon. (Once home in Mexico after the gong sessions and QHG-28 evaluation, she threw away the letter in a beautiful ritual that liberated her heart, she later told me).

The after session questionnaire shows a reduction of both sadness and anxiety. The energy starts to organise towards the grief resolution while it was blocked because the emotions were repressed. Few days after the session she writes to me - proof that the gong healing operates within the session and in between the sessions as a whole follow-up process. *Quoting her " Ale, it feels so real - the whole pain thing. I thought I was over it. Well not really.. I thought I was done being so sad. It came back harshly.."* (what we call in psychoanalysis the return of repressed emotions) (…). I *am grateful for all and* ***feeling*** *so deeply is a gift and enables real healing. I feel like I am cleaning my heart.".*

Third session :

At some point, if we had no other choice, 2 sessions would have been already efficient enough as the most part of the emotional release was done. She was back in herself and in touch with her emotions so she could process something, of course knowing it's always her choice ; healing is a personal choice and D. is her own healer. With the two first sessions she could come back to herself and her emotions, she could be back to the place she escaped and dissociated because it was too much, she could be in touch with the pain and do something about it in the safe and "meaning-making" sound container.
The third session allowed some solidification and pacification of the nervous system, physical body nourishment, deep relaxation and also boosting her confidence in the future. A calming nurturing "*Langhana*" (Mehtab Benton) session to balance the rajasic emotions of the second session, that felt like being "*a baby held by a loving Gong Mother"*, wrapped up in a sound blanket, supported by lots of heart chakra play on the Moon and Platonic Year gongs, and also upper chakras triangle to support a bigger perspective & call on her higher self support. Less instruments were used in order to pacify the nervous system into a sound environment that felt predictable and safe. The key word was **integration**, the biggest emotional release and mental elaboration of the unprocessed grief had been activated during the first 2 sessions - which one more time shows the rapidity and efficiency of the method. 90 min of gong baths total.

D. was conscious of the effects of the gong sessions, grateful and relieved, but also a little bit anxious at the idea of returning home after her Mallorcan holidays as she wanted to try to conceive again. Her intent for this session was to approach this new attempt to procreate without anxiety and with a positive attitude. In her own words she was *"ripped off of her innocence"* towards conception and pregnancy, and dreaded another miscarriage, while feeling empowered and at peace and definitely more connected to herself. This ambivalence is still normal at this stage.

I focused my play on supporting the parasympathetic nervous system to promote relaxation and her natural capacity for inner trust and moving with ease and openness into her new baby project. Relaxation and openness are crucial for women to receive during conception versus fear that closes the system.
She left the session lighthearted, telling me she was feeling her joy slowly back inside and she had trust for the future. She came home grateful. The post-session questionnaire confirmed this physical, emotional and mental relaxation and trust. The week after, the completion of the GHQ-28

showed a similar trend and a significant evolution and improvement of the depressive and anxious symptomatology the first GHQ-28 exposed.

What was experienced by D. in the sessions, witnessed by me as a clinician and shown scientifically in the questionnaires is congruent in the direction of the improvement of her general physical and general wellbeing, the unblocking and resolution of her emotional and mental aggravated symptomatology, and the overall impression that she was “back to herself" and “back to her life” while she looked “in pause, disconnected and stuck” - ie depressed - before the gong sessions. Certainly her rapid conception after the sessions can be seen as favourable sign of her ability to transcend her miscarriage - which she recognised as *“an experience”* by the end of this 3 weeks of gong healing. She reported waking up one morning with a dominant thought - almost like a superior voice in her head - that her miscarriage was an experience, hinting a more neutral, reflective, acceptation of what happened (maybe a sign of the “acceptance” stage of grief ?) and a nice resolution of her miscarriage journey, from dissociated, confused and apathetic, to crushed by pain and sadness, to more wisely embracing the experience and moving forward.

I have no intent to magnify neither her pregnancy as a sign of a completed healing, neither generalises her case and the power of only 3*90 minutes of gong baths, but the results are extremely encouraging and hope-giving for women plagued by miscarriage grief and more severe depressive and anxious symptoms, and who don’t find a proper therapeutic treatment or /and desire other alternatives than medical prescriptions or speech therapy or/and in complement of those ones.

D. wrote to me in October as she was back to Palma, proudly announcing her 4th month of happy - nauseous :)- healthy pregnancy and her desire to study gong therapy with me if I teach online. Proof that a painful event can also open destiny and create vocations…

| RESULTS

Introduction

The General Health Questionnaire-28 (GHQ-28), developed by David Goldberg in 1978, is a sophisticated and comprehensive tool for screening emotional and psychiatric disorders.

Its applicability in various settings makes it an ideal instrument for preliminary psychological evaluations in diverse populations.

This paper integrates the GHQ-28 within the framework of a study examining the efficacy of 3 gong sessions in alleviating grief, anxiety and depression associated with miscarriage.

Structure and Functionality of the GHQ-28

The GHQ-28 is divided into four subscales, each targeting distinct emotional and psychological facets:

- **Somatic Symptoms**: This subscale evaluates physical manifestations commonly linked to psychological distress, such as fatigue, sleep disturbances, and general malaise. It is particularly pertinent in assessing how emotional grief might manifest physically in individuals coping with miscarriage.

- **Anxiety and Insomnia**: This component focuses on the prevalence and intensity of anxiety symptoms, including generalized stress and specific sleep-related issues. Given the traumatic nature of miscarriage, this subscale is crucial in identifying heightened anxiety levels and disrupted sleep patterns, common responses to significant loss.

- **Social Dysfunction**: This section assesses the individual's ability to engage in typical social roles and activities. It highlights how emotional states, altered by experiences such as miscarriage, can impact one's social interactions and daily functionality.

- **Severe Depression**: Addressing symptoms that align with clinical depression, this subscale is critical in the context of miscarriage grief. It measures feelings of despair, loss of interest, and other depressive symptoms that might be exacerbated by the grieving process.

Scoring Systems: Likert and Binary Scales

The GHQ-28 offers two scoring methods: the nuanced Likert scale (0-1-2-3) and the straightforward binary scale (0-0-1-1).

The Likert scale provides detailed insights into the severity of symptoms, which is essential in a therapeutic setting, such as evaluating the impact of gong therapy. On the other hand, the binary scale simplifies identification of significant distress, beneficial for initial screenings.

Application in Assessing Gong Therapy's Impact on Miscarriage Grief

In this study, the GHQ-28 is employed to quantitatively measure the emotional state of a woman undergoing gong therapy for miscarriage grief. The questionnaire's comprehensive nature allows for an evaluation that encompasses both physical symptoms and psychological states. This holistic approach is parallel to the concept of sound therapy, which aims to facilitate healing by engaging both the body and mind.

Gong therapy, known for its soothing and meditative sound vibrations, is hypothesized to positively influence emotional well-being. By using the GHQ-28 before and after the therapy sessions, we can objectively assess changes in the participants' emotional and psychological states, providing empirical evidence of the therapy's effectiveness.

Conclusion

The use of the GHQ-28 in this study is instrumental in providing a structured and reliable measure of the emotional impact of gong therapy on women dealing with miscarriage grief. Its ability to capture a wide range of emotional responses makes it a valuable tool in this research. The findings derived from this application will contribute significantly to understanding the therapeutic potential of sound therapy in managing grief and emotional distress associated with miscarriage.

Analysis of the clinical case.

The woman who participated in that study has completed the GHQ-28 two times:

- First time, the week before participating to the 3 gong sessions.
- Second time, after the 3 gong sessions, 1 week later.

To avoid introducing a bias effect, each questionnaire completion occurred during a dedicated moment, outside of the gong sessions.

During the introductory session, the questionnaire has been presented as follows:

"**Please read this carefully.** I would like to know if you have had any medical complaints and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by selecting the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past. It is important that you try to answer ALL the questions. Thank you very much for your co-operation."

Scoring of the case

Interpreting the scores of the GHQ-28 (General Health Questionnaire-28) requires understanding the implications of the scores on each subscale and the total score. As mentioned earlier, there are two primary scoring methods: the Likert scale (0-1-2-3) and the binary scale (0-0-1-1). Here's how to interpret the scores using both methods:

Likert Scale Scoring (0-1-2-3)

- **Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction, Severe Depression Subscales**:
    - Each subscale is scored from 0 to 21 (since each item can score from 0 to 3, and there are 7 items per subscale).
    - Higher scores indicate more severe symptoms or distress.
    - There isn't a universal 'cutoff' score for concern as it can vary based on the population and setting, but generally, scores closer to 21 indicate greater distress.
- **Total Score**:
    - The total score ranges from 0 to 84.
    - Again, higher scores indicate more severe psychological distress.
    - Different settings may use different cutoff scores to indicate the need for further evaluation or intervention. Often, scores in the upper third of the range (e.g., 56 and above) are considered indicative of significant distress.

Binary Scale Scoring (0-0-1-1)

- **Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction, Severe Depression Subscales**:
    - Each subscale is scored from 0 to 7 (since each item can score 0 or 1, and there are 7 items per subscale).
    - Higher scores indicate more severe symptoms or distress.
    - Subscale scores of 5 or above might be considered indicative of significant issues in that area, though this can vary.
- **Total Score**:
    - The total score ranges from 0 to 28.

- Higher scores indicate more severe psychological distress.
- A common cutoff for potential concern is a score of 11 or higher, but this can vary depending on the specific population and setting.

Scoring method choice

The choice between the Likert scale (0-1-2-3) and the binary scale (0-0-1-1) scoring methods for the GHQ-28 (General Health Questionnaire-28) often depends on the specific context and objectives of the assessment. Here are some considerations for choosing between these two methods:

Likert Scale Scoring (0-1-2-3)

- **Detailed Assessment**: The Likert scale provides a more nuanced assessment of symptoms. It's useful when a more detailed measure of the severity of symptoms is required.

- **Research Studies**: This method is often preferred in research settings where distinguishing between different levels of symptom severity is important.

- **Sensitivity to Changes**: The Likert scale might be more sensitive to changes over time, making it suitable for evaluating the outcome of interventions or changes in mental health status.

Binary Scale Scoring (0-0-1-1)

- **Simplicity and Ease of Use**: The binary method is simpler and quicker to score. It is useful in clinical settings for a fast screening.

- **High Specificity for Distress**: This method tends to be more specific for identifying cases of psychological distress, as it focuses on the more symptomatic responses.

- **Population Surveys**: In large-scale population surveys where the primary goal is to identify individuals at risk for further evaluation, the binary method can be efficient and effective.

General Recommendations

- **Clinical vs. Research Settings**: The binary method is often preferred in clinical settings for its simplicity and efficiency. In contrast, the Likert method might be more appropriate in research settings where more detailed data is required.

- **Purpose of the Assessment**: If the goal is to screen for potential psychological issues quickly, the binary method is suitable. If the goal is to get a detailed understanding of the severity of symptoms, the Likert scale is more appropriate.

- **Population Characteristics**: Consider the population being assessed. In populations where subtle variations in symptom severity are important, the Likert scale might be more informative.

Final Considerations

- **No One-size-fits-all**: There is no universal recommendation that applies to all situations. The choice of scoring method should be based on the specific objectives of the assessment and the characteristics of the population being assessed.

- **Consistency in Longitudinal Studies**: In longitudinal studies, it's crucial to use the same scoring method throughout to ensure consistency in the data.

In summary, the choice of scoring method should be guided by the specific needs of the assessment, considering factors like the setting (clinical or research), the purpose of the assessment (screening vs. detailed evaluation), and the population being studied.

Conclusion

The scoring method that has been selected is the Likert scale.

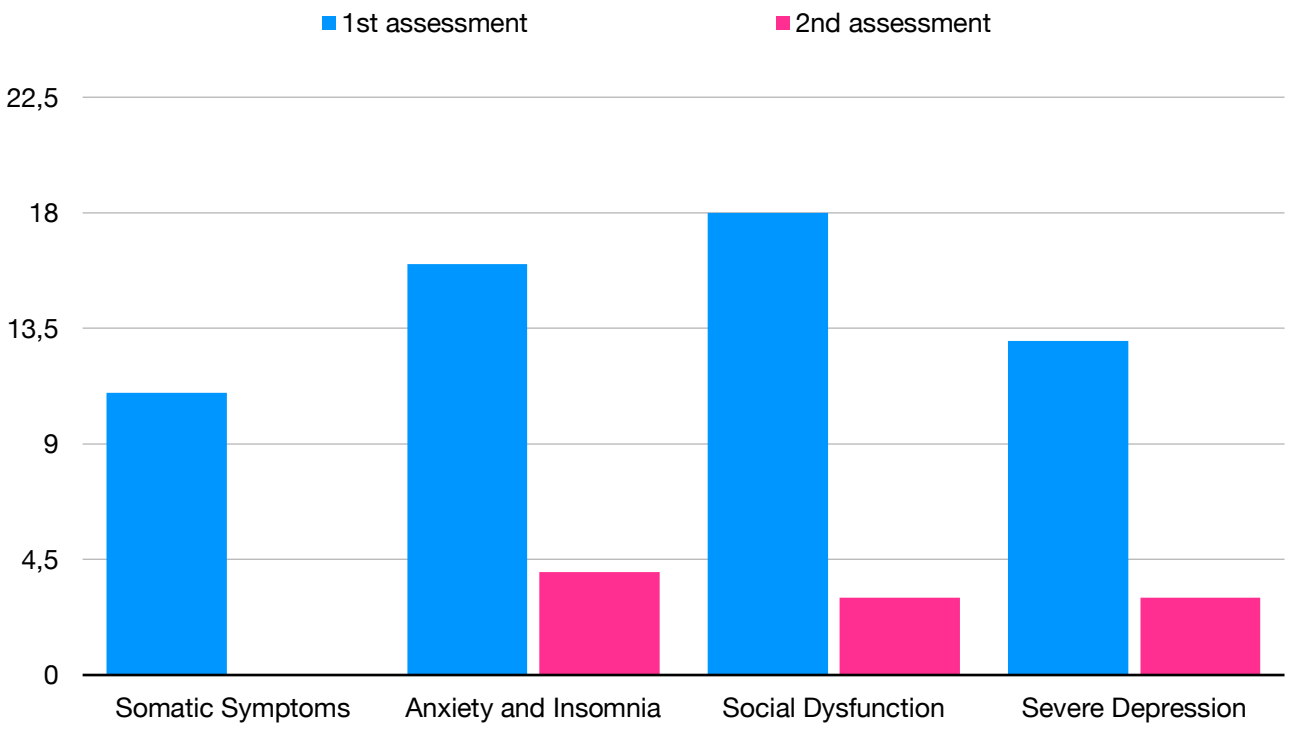
It has been selected primarily because of its highest sensitivity to change, in particular in the context of studying the effect of a very specific intervention (such as gong sessions in this case) on the mental health of patients / people.

Scores obtained

In the table below, we can find the scores obtained by the patient on each of the 4 sub scales of the GHQ-28, before and after the 3 gong sessions.

	First completion	Second completion	Variation	% Variation
Somatic Symptoms	11	0	-11	-100 %
Anxiety and Insomnia	16	4	-12	-75 %
Social Dysfunction	18	3	-15	-83 %
Severe Depression	13	3	-10	-77 %
Total Score	58	8	-48	-84 %
Total Score > 56	Yes	No	Reversed	-

Tab 1. Scores on the GHQ-28 sub scales, measured using the Likert scales scoring method.

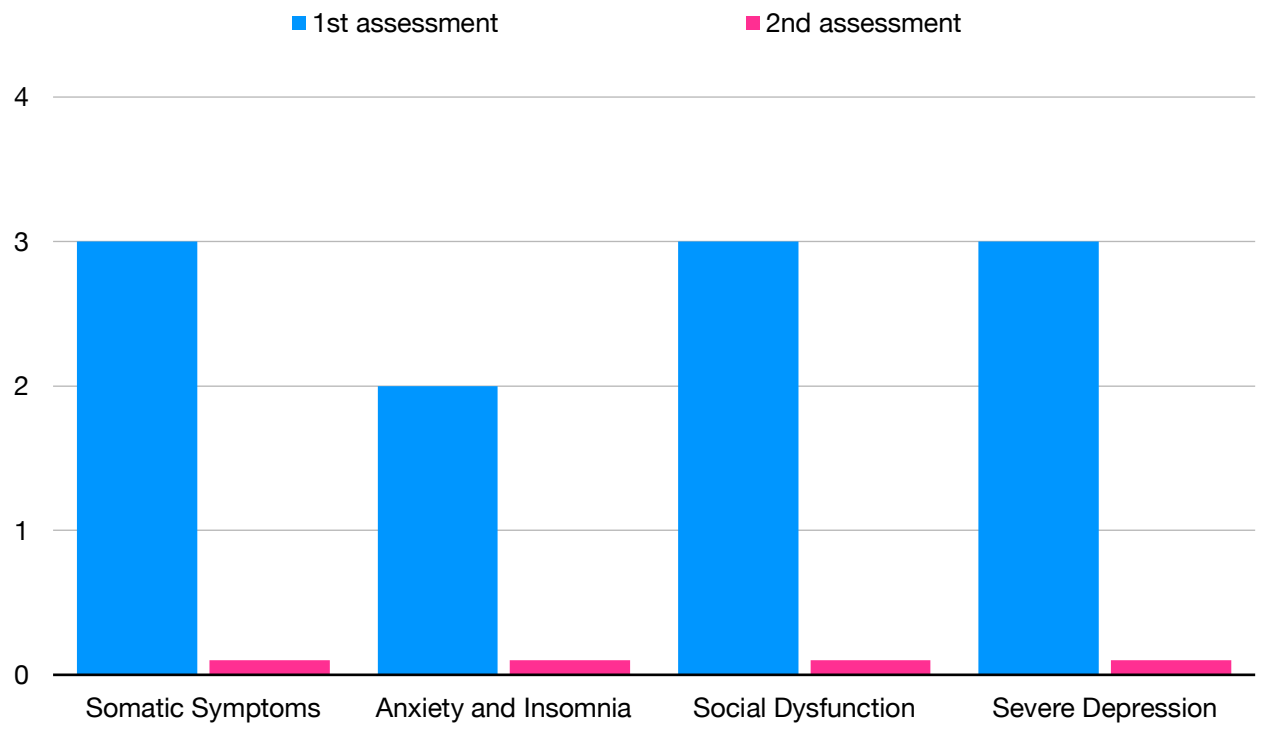


This second table below shows the number (occurence) of extreme answers (scored 3) for each sub scales of the GHQ-28.

Those extreme answers give more clarity about the severity of the condition of the patient.

	First completion		**Second completion**	
	Extreme answers	*% of total answers*	*Extreme answers*	*% of total answers*
Somatic Symptoms	4	57 %	0	0 %
Anxiety and Insomnia	6	86 %	0	0 %
Social Dysfunction	7	100 %	0	0 %
Severe Depression	4	57 %	1	14 %
Total extreme answers	21	75 %	1	14 %

Tab 2. Extreme answers, as measured using the Likert scales scoring method.



In this third table below, we find the scores the person obtained, using the Binary scales scoring method (for informative purpose).

	First completion	Second completion	Variation	% Variation
Somatic Symptoms	4	0	-4	-100 %
Anxiety and Insomnia	6	0	-6	-100 %
Social Dysfunction	7	0	-7	-100 %
Severe Depression	4	1	-3	-75 %
Total Score	21	1	-20	-94 %
Total Score > 11	Yes	No	Reversed	-

Tab 3. Scores on the GHQ-28 sub scales, measured using the Binary scales scoring method.

ANALYSIS :

We see a significant reduction of the physical, emotional and psychological symptomatology of the patient of 84% between the first GHQ-28 evaluation and the second at the end of the 3 weeks of gong sessions. 1 month separates the 2 evaluations, gong therapy being the only therapeutic method the patient received in this lapse of time.

The detailed scores by subscales show a very significant reduction of the symptoms of 100% for the physical symptoms, 75% for anxiety/insomnia, 83% for social dysfunction and 77% severe depression.

Before the 3 weeks of gong sessions, the results of the first questionnaire shows an aggravation of the anxiety traits in the patient (score of anxiety 16 + score of social dysfunction 18) typical of the symptomatology of aggravated grief and PTSD. The physical symptoms are more discreet (score of 11), probably due to the dissociative state of the patient ; it’s like she is not in her body, thus cut from her physical sensations as well as emotions, mostly the sadness and mourning, that will open up after the first gong session, as shown in the questionnaire (score of 13 versus 18 for social dysfunction and 16 for anxiety). Those results are congruent with the clinical signs we could observe as a psychotherapist in the sessions with the patient.

The positive evolution of the physical, emotional and psychological symptomatology of the patient is pertinent in both scales.

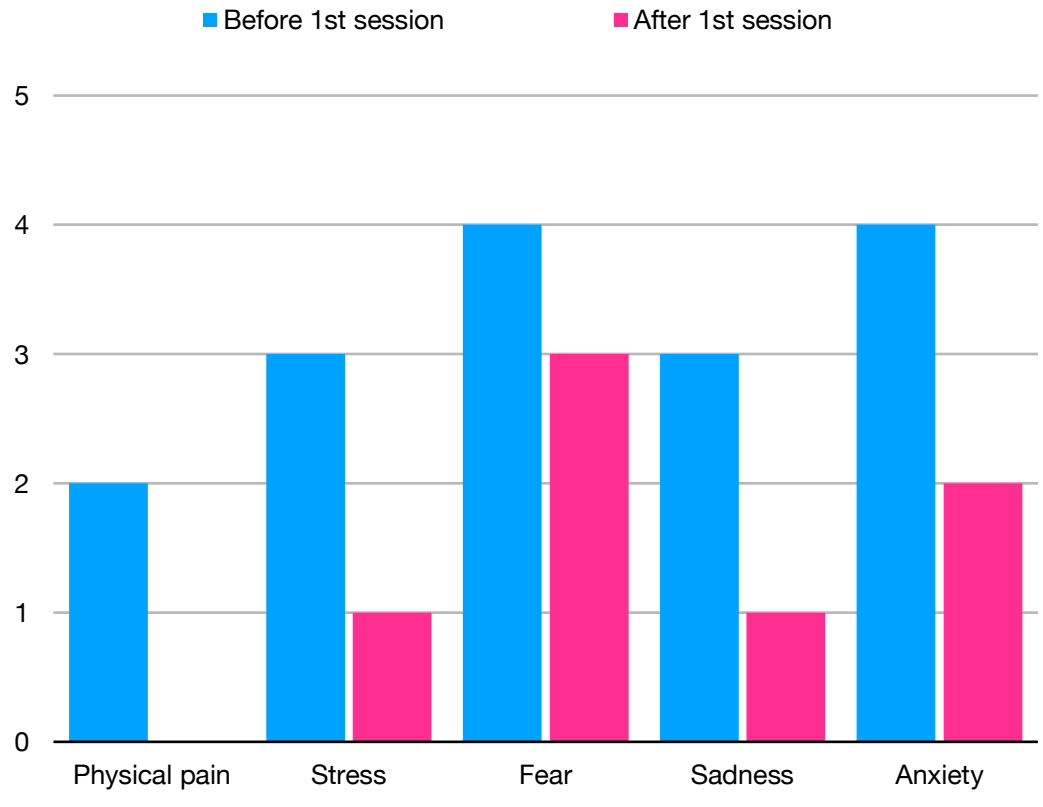
Scores obtained on the self assessment of physical, emotional and mental states

In the table below, we can find the scores obtained by the patient on each of the 5 scales of the self assessment of physical and emotional states, before and after each of the 3 gong sessions.

1. Before and after the first gong session

	Before 1st session	After 1st session	Variation	% Variation
Physical pain	2	0	-2	-100 %
Stress	3	1	-2	-67 %
Fear	4	3	-1	-25 %
Sadness	3	1	-2	-67 %
Anxiety	4	2	-2	-50 %
Total Score	16	7	-9	-62 %
Total Score > 10	Yes	No	Reversed	-

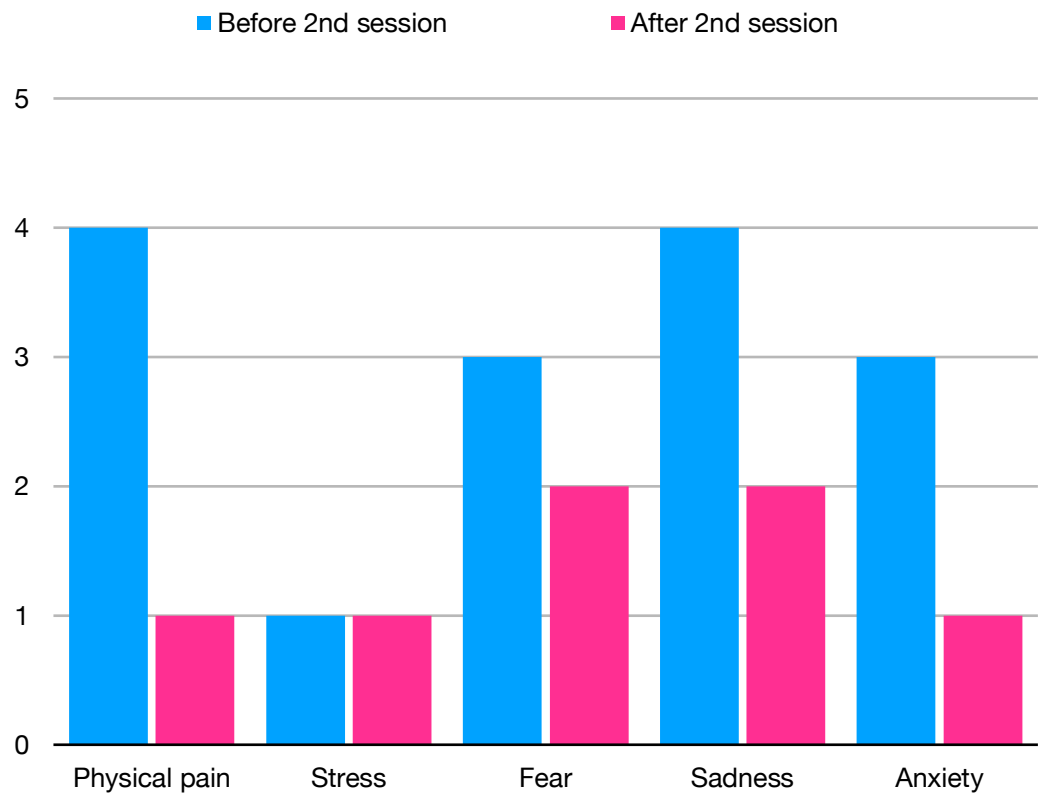
Tab 4. Scores on the Self assessment of physical, emotional and mental states scales, measured using the Likert scales scoring method; before and after the first gong session.



2. Before and after the second gong session

	Before 2nd session	After 2nd session	Variation	% Variation
Physical pain	4	1	-3	-75 %
Stress	1	1	0	0 %
Fear	3	2	-1	-33 %
Sadness	4	2	-2	-50 %
Anxiety	3	1	-2	-67 %
Total Score	15	7	-8	-45 %
Total Score > 10	Yes	No	Reversed	-

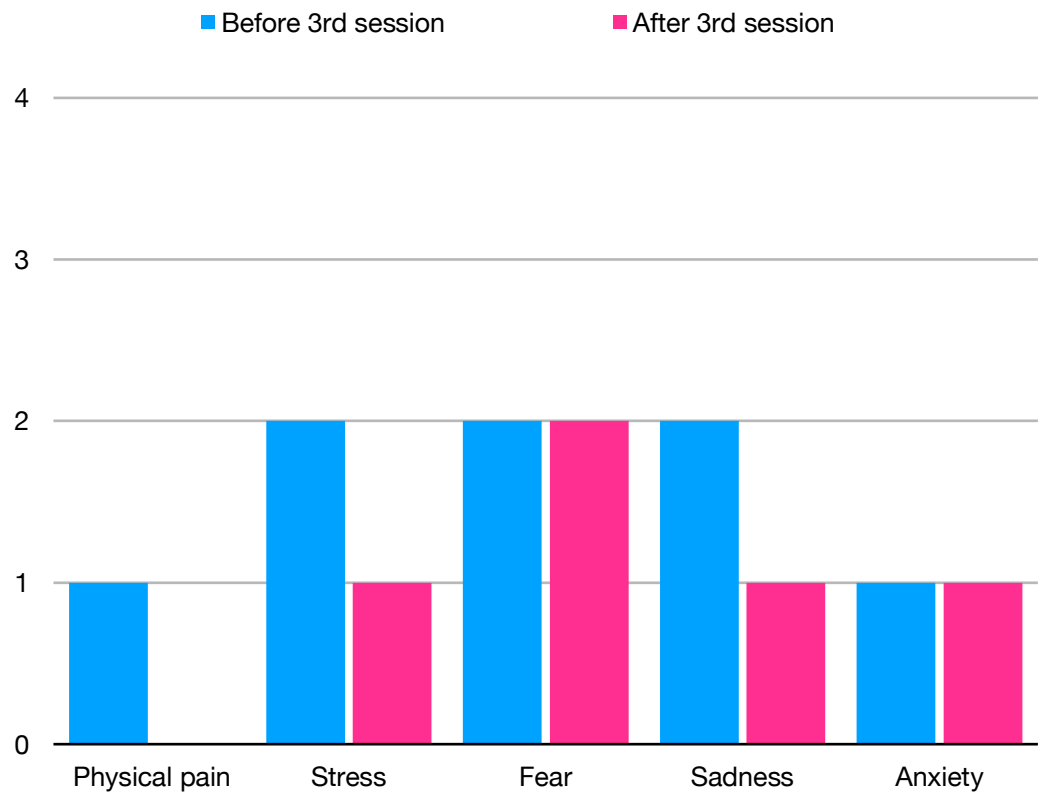
Tab 5. Scores on the Self assessment of physical, emotional and mental states scales, measured using the Likert scales scoring method; before and after the second gong session.



3. Before and after the third gong session

	Before 3rd session	After 3rd session	Variation	% Variation
Physical pain	1	0	-1	-100 %
Stress	2	1	-1	-50 %
Fear	2	2	0	0 %
Sadness	2	1	-1	-50 %
Anxiety	1	1	0	0 %
Total Score	8	5	-3	-40 %
Total Score > 10	No	No	NS*	-

Tab 6. Scores on the Self assessment of physical, emotional and mental states scales, measured using the Likert scales scoring method; before and after the third gong session.
**NS: Non significant*



ANALYSIS :

The self assessment questionnaire showed a significant improvement of the reported physical, emotional and mental states of the patient, with a reduction of the symptomatology of respectively 62 % the first gong session, 45 % the second session, 40% the third and last session.

From a clinical perspective, the relative less significant reduction of the symptoms during the second session compared to the first one can be connected to the emergence and release of the emotions of sadness and intense mourning that were mostly repressed and under cover during the first session where the anxious traits were predominant. In no way the less significant reduction is problematic from a therapeutic consideration, it shows the exacerbation of traits before their release and transformation that leads to a more integrated state where the anxious and depressive traits are less intense and no more the central expression of the patient's states, as the third evaluation shows.

Same, even if the reduction of 40% of reported physical, emotional and mental states is numerically the less significant of all, it is a reflection of symptoms that have considerable dropped in comparison with the first session of gong therapy, showing an overall significant reduction of the symptomatology.

If we focus on the traits mostly attached to miscarriage complicated grief, aka depression, anxiety, PTSD, the results obtained in the self evaluation shows a reduction of anxiety of 50% session 1 and 67% session 2 ; a reduction of physical pain and stress (representative of PTSD) of 100% and 67% session 1, 75% - % and 100 % and 50% session 3 ; and finally a reduction of sadness of 67% session 1, 50% session 2, 50% session 3. **So as conclusion a significant improvement of the physical, emotional and mental states of the patient and a positive evolution / resolution of her complicated grief in only 3 sessions of 45 minutes of gong bath.**

Subjective reported symptoms of stress, anxiety, sadness and physical pains are reduced by more than half before and after 45 minutes of gong therapy for each session.

Those results - all limited they are to a single and not generalisable case - are nevertheless in favour of the positive benefits of gong sessions and Gong Therapy for women suffering from miscarriage grief, aggravated miscarriage grief with anxious, depressive and PTSD symptomatology. And by

extension gives therapeutic perspective for miscarriage care, mother’s depression, postpartum care and its current limitations.

I CONCLUSION

The findings of this research, employing the General Health Questionnaire-28 (GHQ-28) as a metric, indicate a marked improvement in the mental and emotional well-being of the participant following a series of three gong therapy sessions. This improvement was observed across various dimensions of the GHQ-28, including somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. Such results underscore the potential efficacy of gong therapy in mitigating the emotional and psychological aftermath of miscarriage.

The profound changes observed in this single-case study highlight the therapeutic potential of gong sessions. The significant shifts in the GHQ-28 scores post-therapy provide preliminary evidence supporting this theory. Specifically, the reduction in scores related to anxiety, insomnia, and severe depression is particularly noteworthy, suggesting that gong therapy may offer a non-invasive means to alleviate these distressing symptoms commonly experienced in the wake of a miscarriage.

However, it is imperative to approach these findings with caution. The study's design, focusing on a single participant, limits the generalisability of the results. While the changes observed are indeed promising, they cannot be definitively attributed to the gong therapy sessions without considering other potential influencing factors, such as natural emotional recovery over time or placebo effects.

Precautions and Future Research Recommendations

Given the limitations inherent in a single-case study, several precautions must be considered:

- **Generalisability**: The results, while significant for the individual in this study, may not be applicable to the broader population without further research.
- **Causality**: Establishing a direct causal relationship between gong therapy and improved emotional states requires more extensive studies with control groups and randomisation.
- **Replication**: Replicating this study with a larger, more diverse sample size is crucial to validate the findings.

Future research should focus on the following:

- **Expanding Sample Size**: Conducting studies with larger and more diverse populations to ascertain the consistency of the therapeutic effects of gong therapy.

- **Controlled Studies**: Implementing randomised controlled trials to more rigorously assess the efficacy of gong therapy in comparison to other therapeutic modalities or placebo.
- **Longitudinal Analysis**: Evaluating the long-term effects of gong therapy on emotional well-being post-miscarriage.
- **Qualitative Assessments**: Incorporating qualitative methods to gain deeper insights into the personal experiences and perceptions of participants undergoing gong therapy.

In conclusion, this study provides preliminary evidence suggesting that gong therapy may be a beneficial intervention for reducing emotional distress following a miscarriage. However, further research, characterised by rigorous methodology and larger sample sizes, is essential to substantiate these findings and explore the full therapeutic potential of gong therapy in this context.

As the results tend to show that Gong Therapy may be a very effective healing modality to support women after a miscarriage, it would be very interesting to extend this study further onto **postpartum depression in general** - postpartum after a stillbirth and postpartum after the delivery of a live healthy baby and untreated postpartum in pregnant women who have experienced prior miscarriages - this in order to expose the benefits of Gong Therapy in alleviating mothers' depressive symptoms after a loss or/and a birth and support mothers' physical, emotional, mental wellbeing in a sensitive time for care, as well as support healthy psychological development in the child and healthy early mother-infant interaction and bonding that are crucial time for the rest of the relationship.

Numerous psychological researches showed how the early attachment to the mother is crucial for the psychological and emotional of the child and later healthy harmonious development and mother depression is a massive impairment to healthy safe bonding and later development.
Considering the positive and encouraging results of the effects of Gong Therapy on depressive symptomatology in this case of aggravated grief, it could be interesting to lead a wider research on the benefits of gong for mothers' depression and observe the impact in the relationship with the child or children.

Maybe the Gong has an invitation to the dinner table…

Appendix

Questionnaires completed by the patient

General Health Questionnaire (GHQ-28)

First completion - before gong sessions

Please read this carefully. I would like to know if you have had any medical complaints and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by selecting the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past. It is important that you try to answer ALL the questions. Thank you very much for your co-operation.

Have you recently:

A1 been feeling perfectly well and in good health?

Better than usual	Same as usual	✅ Worse than usual	Much worse than usual

A2 been feeling in need of a good tonic?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

A3 been feeling run down and out of sorts?

Not at all	No more than usual	✅ Rather more than usual	Much more than usual

A4 felt that you are ill?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

A5 been getting any pains in your head?

Not at all	No more than usual	✅ Rather more than usual	Much more than usual

A6 been getting a feeling of tightness or pressure in your head?

Not at all	No more than usual	✅ Rather more than usual	Much more than usual

A7 been having hot or cold spells?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

B1 lost much sleep over worry?

Not at all	No more than usual	Rather more than usual	✅ Much more than usual

B2 had difficulty in staying asleep more once you are off?

Not at all	No more than usual	✅ Rather more than usual	Much more than usual

B3 felt constantly under strain?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

B4 been getting edgy and bad-tempered?

Not at all	No more than usual	Rather more than usual	✅ Much more than usual

B5 been getting scared or panicky for no good reason?

Not at all	No more than usual	Rather more than usual	✅ Much more than usual

B6 found everything getting on top of you?

Not at all	No more than usual	✅ Rather more than usual	Much more than usual

B7 been feeling nervous and strung-up all the time?

Not at all	No more than usual	✅ Rather more than usual	Much more than usual

C1 been managing to keep yourself busy and occupied?

More so than usual	Same as usual	✅ Rather less than usual	Much less than usual

C2 been taking longer over the things you do?

Quicker than usual	Same as usual	Longer than usual	✅ Much longer than usual

C3 felt on the whole you were doing things well?

Better than usual	About the same	✅ Less well than usual	Much less well

C4 been satisfied with the way you've carried out your task?

More satisfied	About same as usual	✅ Less satisfied than usual	Much less satisfied

C5 felt that you are playing a useful part in things?

More so than usual	Same as usual	Less useful than usual	✅ Much less useful

C6 felt capable of making decisions about things?

More so than usual	Same as usual	Less so than usual	✅ Much less capable

C7 been able to enjoy your normal day-to-day activities?

More so than usual	Same as usual	Less so than usual	✅ Much less than usual

D1 been thinking of yourself as a worthless person?

Not at all	No more than usual	✅ Rather more than usual	Much more than usual

D2 felt that life is entirely hopeless?

Not at all	No more than usual	✅ Rather more than usual	Much more than usual

D3 felt that life isn't worth living?

Not at all	No more than usual	✅ Less useful than usual	Much more than usual

D4 thought of the possibility that you might make away with yourself?

Definitely not	I don’t think so	✅ Has crossed my mind	Definitely have

D5 found at times you couldn't do anything because your nerves were too bad?

Not at all	No more than usual	Rather more than usual	✅ Much more than usual

D6 found yourself wishing you were dead and away from it all?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

D7 found that the idea of taking your own life kept coming into your mind?

Definitely not	✅ I don’t think so	Has crossed my mind	Definitely has

General Health Questionnaire (GHQ-28)

Second completion - after the 3 gong sessions

Please read this carefully. I would like to know if you have had any medical complaints and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by selecting the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past. It is important that you try to answer ALL the questions. Thank you very much for your co-operation.

Have you recently:

A1 been feeling perfectly well and in good health?

✅ Better than usual	Same as usual	Worse than usual	Much worse than usual

A2 been feeling in need of a good tonic?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

A3 been feeling run down and out of sorts?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

A4 felt that you are ill?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

A5 been getting any pains in your head?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

A6 been getting a feeling of tightness or pressure in your head?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

A7 been having hot or cold spells?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

B1 lost much sleep over worry?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

B2 had difficulty in staying asleep more once you are off?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

B3 felt constantly under strain?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

B4 been getting edgy and bad-tempered?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

B5 been getting scared or panicky for no good reason?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

B6 found everything getting on top of you?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

B7 been feeling nervous and strung-up all the time?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

C1 been managing to keep yourself busy and occupied?

More so than usual	✅ Same as usual	Rather less than usual	Much less than usual

C2 been taking longer over the things you do?

Quicker than usual	✅ Same as usual	Longer than usual	Much longer than usual

C3 felt on the whole you were doing things well?

✅ Better than usual	About the same	Less well than usual	Much less well

C4 been satisfied with the way you've carried out your task?

✅ More satisfied	About same as usual	Less satisfied than usual	Much less satisfied

C5 felt that you are playing a useful part in things?

More so than usual	✅ Same as usual	Less useful than usual	Much less useful

C6 felt capable of making decisions about things?

✅ More so than usual	Same as usual	Less so than usual	Much less capable

C7 been able to enjoy your normal day-to-day activities?

✅ More so than usual	Same as usual	Less so than usual	Much less than usual

D1 been thinking of yourself as a worthless person?

Not at all	✅ No more than usual	Rather more than usual	Much more than usual

D2 felt that life is entirely hopeless?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

D3 felt that life isn't worth living?

✅ Not at all	No more than usual	Less useful than usual	Much more than usual

D4 thought of the possibility that you might make away with yourself?

✅ Definitely not	I don’t think so	Has crossed my mind	Definitely have

D5 found at times you couldn't do anything because your nerves were too bad?

Not at all	No more than usual	✅ Rather more than usual	Much more than usual

D6 found yourself wishing you were dead and away from it all?

✅ Not at all	No more than usual	Rather more than usual	Much more than usual

D7 found that the idea of taking your own life kept coming into your mind?

✅ Definitely not	I don’t think so	Has crossed my mind	Definitely has

Self assessment of physical, emotional and mental states

First completion - before the first gong session

Can you please evaluate your current level of:

1 Physical pain

Low	0	1	**2**	3	4	High

2 Stress

Low	0	1	2	**3**	4	High

3 Fear

Low	0	1	2	3	**4**	High

4 Sadness

Low	0	1	2	**3**	4	High

5 Anxiety

Low	0	1	2	3	**4**	High

Second completion - after the first gong session

Can you please evaluate your current level of:

1 Physical pain

Low	**0**	1	2	3	4	High

2 Stress

Low	0	**1**	2	3	4	High

3 Fear

Low	0	1	2	**3**	4	High

4 Sadness

Low	0	**1**	2	3	4	High

5 Anxiety

Self assessment of physical, emotional and mental states

Third completion - before the second gong session

Can you please evaluate your current level of:

1 Physical pain

Low	0	1	2	3	**4**	High

2 Stress

Low	0	**1**	2	3	4	High

3 Fear

Low	0	1	2	**3**	4	High

4 Sadness

Low	0	1	2	3	**4**	High

5 Anxiety

Low	0	1	2	**3**	4	High

Fourth completion - after the second gong session

Can you please evaluate your current level of:

1 Physical pain

Low	0	**1**	2	3	4	High

2 Stress

Low	0	**1**	2	3	4	High

3 Fear

Low	0	1	**2**	3	4	High

4 Sadness

Low	0	1	**2**	3	4	High

5 Anxiety

Self assessment of physical, emotional and mental states

Fifth completion - before the third gong session

Can you please evaluate your current level of:

1 Physical pain

Low	0	**1**	2	3	4	High

2 Stress

Low	0	1	**2**	3	4	High

3 Fear

Low	0	1	**2**	3	4	High

4 Sadness

Low	0	1	**2**	3	4	High

5 Anxiety

Low	0	**1**	2	3	4	High

Sixth completion - after the third gong session

Can you please evaluate your current level of:

1 Physical pain

Low	**0**	1	2	3	4	High

2 Stress

Low	0	**1**	2	3	4	High

3 Fear

Low	0	1	**2**	3	4	High

4 Sadness

Low	0	**1**	2	3	4	High

5 Anxiety

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