

THE EFFECT OF INTENTION ON DECREASING ANXIETY AND DEPRESSION UTILIZING INTENTION IMPRINTED DEVICES

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Two experiments, one double blind, were conducted to explore the effects of intention on anxiety and depression utilizing an Intention-Imprinted Electronic Device (IIED) on adult subjects throughout the Central United States, Canada, and Mexico. Subjects were divided randomly into two groups, with demographic information from each entered on one of two computers. The IIED was imprinted by four experienced meditators with an intention for improved health, decreased anxiety and decreased depression. The intervention group scrolled continuously down a computer screen in the vicinity of the IIED broadcasting the intention. At a separate location, the control group demographics scrolled continuously down a computer screen with no intention. The interventions were conducted at three month and eight month intervals.

Results were compared using a mixed analysis of variance with one between groups and one within groups factor on the pre-and post-test scores on the State-Trait Anxiety Inventory for Adults and the Zung Self Rating Scale for Depression. The results for the three month group showed a marginally significant reduction on the STAI-Y-1 for the intervention group at the .089 level of significance. The control group showed no significant variance. The analysis of the pre-intervention scores to the post intervention scores after both the three and eight month group showed a significant reduction in state anxiety ($p \leq .003$), trait anxiety ($p \leq .000$) and depression ($p \leq .001$).

The results suggest that over time, an intention broadcast to adult subjects may have an impact on anxiety and depression. More research needs to be conducted to explore the potential of IIEDs to improve health.

The *Introduction* chapter provides an overview of the current healthcare system along with an explanation regarding healthcare reform, which has not, in general, improved the health of the citizens of the United States. The state of American health is declining, and the healthcare system is in crisis. Healthcare in the United States, while touted by Americans as the best in the world, is dysfunctional, costly, and a burden on the economy that threatens to bankrupt us. We need new solutions to the problems and issues that

are outside the widely accepted medical model, solutions that take advantage of advances in other areas such as science and spirituality. Health is not an isolated physical condition, as depicted by the current medical model, but is an intertwined and interdependent blend of physical, emotional, social, spiritual, and environmental determinants. Health is an issue that is critical not only to the well being of our citizens, but to our economy and our way of life as well. Utilizing Williams Tiller's model intention to impact health may be one way to assist individuals in improving their health.

The *Review of the Literature* chapter looks at two common stress related illnesses, depression and anxiety, and the current research related to intention and healing of illness. Physiology and emotions have been found to be closely linked. When stress or other factors impact us, we experience a physiologic imbalance, which may manifest as a mood disorder, resulting in our system becoming blocked, shut down, or disarrayed. Depression and anxiety are two of the most common stress-related mental illnesses.

In the remaining chapters, the impact of intention imprinted electronic devices, as designed by William Tiller, on decreasing anxiety and depression is identified and discussed. In *Methodology*, the study design, subjects, procedure, as well as the materials, apparatus and tests are detailed. In *Results*, the statistical outcome of 3 months, 8 months and 11 months of broadcast intention are analyzed. In *Discussion*, the efficacy and impact of intention over time, and implications for health improvement are discussed.

The most significant findings of this study were the differences in the pre and post-test scores on the state anxiety (STAI Y-1), trait anxiety (STAI Y-2) and depression (Zung) scores. A marginally significant result occurred after three months of intervention between the groups, and could be argued that it in fact is significant for this new line of research.

Interventions were conducted for three-month, and eight-month time intervals. A 2 x 2 Mixed ANOVA analysis was performed on all three measures (Zung, STAI-Y1 and STAI-Y2). The change over time of the intervention group from the pre-test to the post-test on the STAI Y-1 state anxiety was significant in Group A at $p < .001$, and in Group B (combined) at $p < .01$. The pre to post-test result on the STAI-Y2, trait anxiety, was significant in both groups A and B at $p < .001$. The change over time of the intervention group from the pre-test to the post-test on the Zung depression measure was significant in Group A at $p < .01$, and for Group B at $p < .001$.

Mean scores on the State Trait Anxiety Inventory for Adults and the Zung Self Rating Scale for Depression at pre and post-test for each of the intervention groups and control groups are presented in Table I. In general for both groups, the intervention differences pre and post are larger than the control group differences, except with the Zung Self Test for Depression. For Group A at three months, the intervention group had less of

Table I
Pre and Post-Test Means by Group

		Group A			Group B	
		Control	Intervention	Total	8 month	11 month
STAI Y-1	Pre	40.148	40.956	40.115	39.589	46.702
	Post	38.750	36.804	37.341	36.375	41.957
	Change	-1.398	-4.152	-2.774	-3.214	-4.745
STAI Y-2	Pre	41.761	40.641	40.736	40.339	47.340
	Post	40.307	38.163	38.780	37.054	42.468
	Change	-1.454	-2.478	-1.956	-3.285	-4.872
Zung	Pre	39.284	37.426	37.912	38.179	43.021
	Post	37.455	36.389	36.505	34.464	40.234
	Change	-1.829	-1.037	-1.407	-3.715	-2.787

Table II
Significance Results for All Groups

	Between Groups	Tests Within Subjects	Pre- to Post-test	
	STAIY-1	STAIY-2	STAIY-2	ZUNG
Group A	.089	.001	.000	.009
Group B	NA	.001	.000	.003
8 Month	NA	.003	.000	.002
11 Month	NA	.003	.000	.001

a change in score than did the control group. When looking at Group B, as the intervention time increases, the difference also increases, except, again, with the Zung.

In general for both groups, the intervention differences pre and post are larger than the control group differences, except with the Zung Self Test for Depression. For Group A at three months, the intervention group had less of a change in score than did the control group. When looking at Group B, as the intervention time increases, the difference also increases, except, again, with the Zung. The largest difference between Zung pre- and post-tests occurs at 8 months.

After three months, and continuing with eight to eleven and twelve months of intervention, all groups experienced a significant decrease in state and trait anxiety, as well as depression, when comparing the pre-test scores to the post test scores.

This study brings us information about the efficacy of consistently broadcast intention, the time necessary for a change to take place, as well as addresses the question of whether or not distance between healing intention and the recipient is an impacting

factor. In addition, we also gather information about the level of participation required of those who are receiving the healing intention.

This study suggests that broadcast intention from an IIED reduces anxiety and depression after at least three months when broadcast in a conditioned space. Functioning at the vacuum level of physical reality, this new type of information carrier wave appears to be modulatable by human intention which may be independent of distance and time. The results may have been achieved because the intention is a frequency of energy information that is inserted into what McTaggart (2002) calls “the field.” This information then causes a perturbation in the system of the individual, allowing for a re-organization of the system at a higher level, decreasing anxiety and depression. The control groups did not have the information inserted into the field, thus as a group their systems were not perturbed and they had no significant change from their baseline level of anxiety and depression. Previous studies have utilized intermittent insertion of information via healers sending healing intention with varying results. The consistency of the broadcast frequency is very likely the key factor that achieves the results obtained in this study.

This research gives us more information regarding the efficacy of the broadcast of intention. Unlike studies using people to broadcast a thought intention or prayer, Group B in this study received only the intention imprinted on the device, thus eliminating whatever other factors may be influencing the sender’s efficacy (or potency). The device broadcasts at the same frequency continually. This provides a level of consistency previously not available in healer broadcast intention research. While other research with intention has achieved varying results, this research demonstrates that consistently broadcast intention from an IIED reduces anxiety and depression significantly after three months.

The goal of the intention used in this study is to increase the order and coherence of the person’s own energy field so that reduced anxiety and depression will facilitate the manifestation of the level of health and wholeness in concert with the soul’s purpose. This study’s results have some interesting implications for health improvement in medicine, which need to be replicated and confirmed. This beginning study gives us some basic information to understand that after 3-8 months of IIED broadcast intervention, a reduction in anxiety and depression occurs. Now we are ready to further define the nature of the impact, other variables that may play a role (such as music, stress levels, or human consciousness) and find out more precisely how intention works so that we can facilitate improved health for a variety of conditions and illnesses, as well as to decrease the antecedents to the development of illness.

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