Athabasca University Master of Arts - Integrated Studies

TRULY TRANSFORMATIVE: ASSESSING THE IMPACTS OF LEARNING FOCUSED INTENTION TECHNIQUE®

By

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Integrated Studies Project

submitted to Reinekke Lengelle

in partial fulfillment of the requirements for the degree of

Master of Arts – Integrated Studies

Athabasca, Alberta

March, 2012

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Abstract

Throughout North America there are scores of well-attended programs training participants to apply alternative/complementary health approaches for their own or professional use. While the exclusive influence of the medical discipline is beginning to accept that patients are seeking alternative roads to mental and emotional healing, empirical evidence remains the crux of formal recognition by mainstream health systems. The apparent lack of research in alternative approaches is a paradox. Why does the lack exist? Who is attracted to spend their time and monetary resources to take such training? Does such training actually accomplish what it purports to do?

This paper explores reasons for the deficiency of evidence-based research on energy therapies in particular. It also offers the results of a research project to determine the impacts of learning a specific alternative approach to wellness, analyzing the holistic effects of the training and use of a particular energy therapy approach: *Focused Intention Technique;* a self-directed approach to resolving the causes of blocks to emotional and physical well-being. FIT is classed as an *energy therapy* as it utilizes somatic responses and a rudimentary knowledge of body energy systems to conduct the process.

Research results explain the attraction and effectiveness of the training on volunteer participants who, through pre and post assessments, provided data to illustrate perceived changes in their mental, emotional, physical and spiritual health. After a three week period, the two day FIT training program continued to produce marked reductions in levels of distress in participants, particularly for emotional and mental health issues. Such results should inspire further research, examining the transformative effects of non-formal adult education in the field of alternative health therapies.

Introduction

'Energy therapies' is a collective term used to refer to a variety of alternative and complementary treatments based on the use or manipulation of "energy fields." Most energy therapies are based on the theory of the interconnectedness of matter and energy; that matter is simply a denser form of energy that is perceived through selective sensory filters. Energy, even in the form of matter, can be manipulated through mental will, or intention (Talbot, 2006). Some energy therapies are associated with systems of traditional Indian or Chinese medicine that are thousands of years old; others draw upon contemporary scientific theories.

> The purpose of energy therapies can be broadly defined as the healing of mental or physical disorders by rebalancing the energy fields in the human body or by drawing upon spiritual energies or forces for such healing. Some energy therapies include internal detoxification or release of trauma-related memories as additional purposes. (Encyclopedia of Mental Disorders, online 2011)

Many energy therapies are very easy to learn. Most training, commonly for basic skills for self-use, is accomplished within a two to three day period. People who are attracted to such training come from a wide variety of backgrounds, with a slight majority being those who are interested in or already pursuing a career in provision of healing services. Similar to other training, Focused Intention Technique provides further training for practitioners, including an online counselling/ethics course (Mohl, 2011).

Prices for basic training in energy therapies range from $200 - $2000, depending on the course and trainer. Very few learners are provided funding for training through their employers, yet the number of interested participants is burgeoning throughout the world, with people traveling great distances to attend programs at their own expense.

Most energy healing courses, such as Quantum Touch, Thought Field Therapy, Reiki, and FIT, may be found on the internet with lists of instructors and locations. Although often a program maintains specific training qualifications of their certified instructors, most basic energy therapy training programs are non-compulsory, without required prerequisites. Whether students wish to enhance their careers or are seeking personal wellness, all experience new perceptions of holistic health and of their own abilities – perceptions that differ from most formal education programs.

Qualifications to perform energy therapy as a practitioner are established by each modality so there is a wide variance in credentialing and length of training, as well as who can or cannot be trained.

> Some practitioners of energy therapy believe that all or most people have the capacity to be healers; others regard the ability to use or direct healing energies as a gift or charism that is given only to people who are "chosen" or unusually spiritual. Although energy therapies are often associated with either Eastern or so-called "New Age" belief systems, most do not expect people in need of healing to give up mainstream Western religious practice or allopathic medical/psychiatric treatments. (Encyclopedia of Mental Disorders, online 2011)

Dramatic shifts in beliefs about medicine and healing are currently happening throughout post modern cultures. Many people now show some respect and beginnings of acceptance for the holistic movement and energy medicine evidenced by its growing interest in learning about this field, and by emergent trends of choices to engage in alternative healing methods for diseases. "According to Dr. Jean Lariviere, a senior medical adviser at Health Canada, 70 percent of Canadians have used alternative medicine and one third of the population uses it on a regular basis" (Natural Life, 2002, p. 6). The World Health Organization, recognizing the growing trends in populations to seek complementary/alternative medicine for their health needs, has initiated development of an 'Alternative Medicine Strategy' to ensure product safety and

ethical practices. Part of their aim is to support research by providing guidance on studies. (Natural Life, 2002, p. 6-7).

Energy medicine has evolved and is still evolving. Those who are a part of the alternative healing community are facilitating and witnessing phenomena that were once termed 'miracles' on a daily basis. The use of approaches to health treatments that remain outside of the mainstream medical model is rapidly gaining ground for both practitioners and their clients (Miller, 2001, p. 9).

Defining Formal and Non-formal Education

In Canada, knowledge gained through skill training in many alternative health practices is still largely marginalized – frequently denied legitimacy within formal education institutions, yet such methods are often performed by workers in the health field, confident in their ability to provide increased potential for healing for their patients.

> In Canada, health care is in transition as governments address escalating costs. Although Canadians continue to rely on mainstream healthcare, they are increasingly turning to alternatives. Generally, [alternative or complementary medicine] is defined as those treatments and health care practices not widely taught in medical schools, not routinely used in hospitals and not typically reimbursed by health benefit plans. (Miller, 2001, p. 9)

The delineations between formal and non-formal education are not always entirely clear. We may class *formal* learning as consisting of:

- A prescribed learning framework;
- An organized learning event or package;
- The presence of a designated teacher or trainer;
- The award of a qualification or credit;
- The external specification of outcomes (Smith, 1999, p. 4)

Most alternative practice education contains the above aspects. More commonly however, we refer to formal education as the "hierarchically structured, chronologically graded education system, running from primary school through the university and including, in addition to general academic studies, a variety of specialized programs and institutions for full-time technical and professional training" (Wikipedia, Education, p. 3).

Non-formal education "refers to education which takes place outside of the formally organized school. Most typically, the term or phrase 'non-formal' education is used to refer to adult literacy and continuing education for adults. This education is called non-formal because:

- It is not compulsory
- It does not lead to a formal certification, and
- It may or may not be state-supported" (Walter, 1999, p. 1)

Non-formal education may be further understood as "when learners opt to acquire further knowledge or skill by studying voluntarily with a teacher who assists their self-determined interests by using an organized curriculum" (Livingstone, 2001, p. 2).

Those who are employed in the health care sector tend to class their education in alternative health approaches as "informal" or the more appropriate, "non-formal" (Livingstone, 2001) due to a social perception that the learning lacks a scientifically researched basis, hence non-acceptance by formal institutions. Even so, in many health facilities, the further from acute care interventions the more alternative approaches are likely to be acceptable. Seniors' care homes, for example, will often encourage the use of Reiki with patients by staff members.

Short, non-formal training programs are attractive to workers over formal education because of low cost, with a course or workshop requiring less time than formal training. Although the knowledge is often acquired for personal use or in complement to their existing

skills, individuals may choose to pursue a career of self-employed practitioner with advanced training.

Can the study of body energy manipulation be defined as a discipline? Certainly it is to practitioners, but rarely is the study recognized within academic institutions – hence, the label of "alternative." North American health practices are rapidly undergoing a shift in approaches and perspectives. There is indication that the exclusive influence of the medical discipline is beginning to yield to the fact that patients are seeking out alternative roads to mental and emotional healing. Acupuncture, for example, an approach based on the meridian energy system, has long been an accepted practice in western medicine, owing to its timely inclusion in *The Principles and Practice of Medicine* (William Osler, 1892) (Veith, 1973, p. 395). Some forms of energy therapies, such as Cranio-Sacral and Reiki treatments are beginning to be accepted by health insurance providers as valid and effective disciplines.

Discussions regarding education have tended to be oriented toward very narrow views that the purpose of education is to prepare participants for employment in a formal market economy. It can be described as "the 'view from above … [a] one dimensional identification of education with the needs of business and economy'" (Reymer, 1999, p. 4). Health approaches which do not support or fit within current health systems have often been rendered derogatory labels such as "folk medicine," "old wives' remedies," or "quackery" and have historically been relegated to outside of the mainstream market.

As such training usually falls under the category of non-formal the actual extent of its social appeal and personal/social effectiveness is largely unknown. Indeed, in the writer's experience although many learners come from a mainstream medical background such as

nursing, their training and use of the particular energy approach is often not revealed to their employers for fear of negative judgment.

A provocative inquiry regarding non-formal alternative health training is to determine who is attracted to the training, and why. It may be assumed that those thousands of individuals who are paying out-of-pocket travel, lodging, and tuition to study these practices may not be at all interested in using their skills in the mainstream market, yet are valuable contributors to the advent of a new way of thinking about wellness. They may be attracted because of the purported alternative health and healing ideologies. "Ideologies are the institutions that construct our world, they are inescapable and perhaps, rightly so. For it is the function of ideologies to tell us who we are, how to be in this world, and by implication, how we may choose not to be" (McDonald & McIntyre, 2002, p. 267).

Theoretical Background

Transformative and feminist theories support the practice of non-formal groups of lay persons gathering to learn alternative ways to facilitate their own health and happiness. Sue M. Scott (1998) outlines transformation as containing such factors as social, personal, or structural change. "The aim of the change is to catalyze a fundamental shift in people's beliefs and values and must include a social vision about the future based on a value system [of] struggle for freedom, democracy or equity" (Scott, et al, p. 178). Jack Mezirow proposes personal transformation in terms of a cognitive restructuring of worldviews as they relate to personal or social issues (Scott, et al, 1998, p. 183). Currently, many thousands of people are attracted to and are attending training and conference events that teach ways to enhance or replace

mainstream physical and mental health practices. This, despite the historical social perceptions of health practices outside of mainstream beliefs being rife with the skews of power and oppression.

Feminist theory approaches the discussion of energy therapy education from another perspective. "In understanding the lives of women who construct their lives or whose lives get constructed outside of societal norms, or in opposition to discursive expectations, we are faced with increasing complexity" (McDonald & McIntyre, 2002, p. 262). A brief review of the history of many alternative therapies lends credence to the fact that of those attracted to such non-formal training a vast majority appear to be women. As much as women have struggled for social equality in the recent past, similarly, the meaning and value of the "energy" approach to wellness struggles for recognition within North American social structures.

The Transformative Education Perspective

Transformative education views learning as an act of developing interpretations that are alternative to the purposes, beliefs, judgments, and feelings of others, creating new meaning schemes which lead to a perspective transformation (Imel, 1998, p. 1). Alternative therapies, by their very nature, challenge the beliefs of medical establishments: the physical/scientific approach to understanding health and disease and the pharmaceutical approach in altering physical conditions. To embrace an understanding that all human beings are inherently capable of healing themselves and one another and that many physical and emotional conditions may be positively altered without manipulative, surgical or chemical intervention is to challenge the value systems, the education systems, the economic systems, and the socially esteemed practices of the stakeholders of mainstream health.

> What would be the ingredients of a transformative approach to education? I here adopt a tentative approach, describing a theory of transformative education as one that recognizes the political nature of all educational interventions. It is also a theory that calls for socially transformative educational initiatives, including non-formal educational initiatives that focus, in J. E. Thomas's (1991) words, "upon change at the roots of systems" (p. 11) and therefore not on the mere symptoms of what are, in effect, structurally conditioned forms of oppression. (Mayo, 2003, p. 7)

Many students of alternative therapies may be attracted to learn more about the alternative paradigm of energy approaches due to a lack of faith in the effectiveness of mainstream medicine. By their very nature, energy therapy training programs are a tailored fit with the transformative education perspective. Aside from teaching skills, dedicated instructors speak and lead discussions from their own schema of the connectedness of energy systems, which leads to a heightened sense of individual and group energies and their affects on physical and social environment. The approach creates a learning space of self-reflection and wonderment, altering attitudes and beliefs about self, others, and the world.

> One of the most provocative discussions of environment, subject matter, and learning activities relating to transformational learning was proposed by Youngstown State University professor Bache (n.d.). He described a "subtle energetic resonance" that spontaneously rises in learning circles. He identified this psychic field that surrounds and saturates the learning environment as inclusive of the teacher's personal energy field and the energy field created by all the participants. He stated that the stronger and more focused this mental field, the more likely that change would be induced among participants. Bache also believed that certain types of subject matter were particularly conducive to transformational learning, for example, inquiries into the origins and destinies of individual existence, mind exploration, the mysteries of human suffering and purpose, and other universal questions. (Cooper, 2011, p. 1)

Energy approaches offer a perception of personhood as the physical/emotional manifestations of qualities of energy. "For example, more than 2000 years ago, Asian practitioners postulated that the flow and balance of life energies are necessary for maintaining health and described tools to restore them" (NCCAM, Energy Medicine, p. 1). In understanding

energy pathways the potential of one person to affect physical and emotional change in another becomes a viable and simple concept. Those who practice such approaches would find similarities and roots in ancient and indigenous cultures, used long before the advent of "professional" medicine.

An inherent draw to energy therapies for many students is the idea of being trained to acquire the skills for self-treatment, rather than requiring someone considered more qualified to perform the treatment on them. It removes the schema of knowledge hierarchy and resulting possibilities of power/oppression. The opportunity to be trained is open to anyone, and in many cases, any age of participant capable of comprehending the training materials, which are often written in plain language. While many alternative health approaches include training in anatomy & physiology, they do not require a medical education background to be effective. The real value of energy therapy training is that ordinary people learn to reclaim their inherent ability to truly help themselves and others to heal.

Despite a history of dismissing attitudes about the validity and effectiveness of energy therapies, those who choose to take part in training will often be astounded by the reality of effects. A simple internet search of 'energy healing' will bring up scores of testimonials by users and students.

As numbers of energy therapy practitioners, teachers, and students grow as an underground current within the confines of mainstream beliefs, social ideology could experience a transformation in understanding health, illness and healing within public institutions and within societies.

> Transformative education … entails that we engage with the logic of the system. We do this for a variety of reasons, not the least of which being that we first need to survive to be able to transform. For many, survival means earning a living within the system itself. Most important, however,

> we have to engage with the logic of the system to be effective. The work of Paulo Freire moves us in this direction, especially with the constant insistence that we be "tactically inside and strategically outside the system. Engaging critically and dialectically with the logic of the system implies a readiness to live with the tension to which I have just referred. Such an engagement is born out of a conviction that the system and its institutions are not monolithic entities but offer spaces wherein these struggles can occur." (Mayo, 2003, p. 6)

The Feminist Perspective

As a discipline, the world view of an energy approach to healing is rooted in feminist history (Ehrenreich & English, 2008). Feminist researchers Barbara Ehrenreich and Deirdre English (2008) offer their interpretation of the history of women in western medicine; a history shaped not so much through the development of modern scientific technology, but more a struggle of politics and class.

> Women have always been healers. They were the unlicensed doctors and anatomists of western history. They were abortionists, nurses and counsellors. They were pharmacists, cultivating healing herbs and exchanging secrets of their uses. They were midwives, travelling from home to home and village to village. For centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from … mother to daughter. They were called "wise women" by the people, witches or charlatans by the authorities. Medicine is part of our heritage as women, our history, our birthright. (1)

Since the Middle Ages the rise to dominance of male professionals was an active takeover forged by the suppression of female healers by the church and the medical establishment, under the protection and patronage of the ruling classes (2-3). By the thirteenth century European medicine, in hand with elitist universities, became established as a science and a profession. The Church imposed strict controls on the new profession. The age of witch-hunting followed, spanning more than four centuries, leaving a lasting effect. Female healing practices have ever since carried an aura of contamination. "It was to become a theme of our

history. The women's health movement of today has ancient roots in the medieval covens, and its opponents have as their ancestors those who ruthlessly forced the elimination of witches" (3).

The Church viewed its work to eliminate peasant healers as an attack on magic, not medicine. "There was no problem distinguishing God's cures from the devil's, for obviously the Lord would work through priests and doctors rather than through peasant women" (7). The Church explicitly legitimized the male medical profession, appointing the judgment of doctors to distinguish witchcraft from medicine, "denouncing non-professional healing as heresy: if a woman dares to cure without having studied she is a witch and must die" (10). Of course women were not allowed to enroll in medical schools. In frontier America the "one true American medical profession – a small band of men whose scientific and moral authority flowed from Hippocrates, Galen, and the great European medical scholars…had to combat…the abuses of a host of lay practitioners – usually depicted as women, ex-slaves, Indians and drunken patent medicine salesmen" (11). By 1830, thirteen states passed laws to license medical doctors as the only healers, outlawing all other "irregular" practice (12).

A feminist view of alternative healing explains the tendency to continue to exist outside of the domain of common social norms. Women on both sides of the globe have worked hard to regain their equal status as citizens over the last few decades. Much of the underlying qualities and ideologies, however, which in the past relegated women to be the ones sought after for their intuition and understanding of healing have remained unacknowledged within the structures of modern and post modern medicine. As a revival of alternative healing practice grows in our population practitioners learn and offer their skills with more of a degree of faith rather than seeking a degree of academic-based profession.

> The risk of being unaware of our situatedness as knowers, our locatedness in ideologies, is complicity without consciousness of taking for granted what we

> think we know. Such unawareness has serious consequences for research and practice. The dominant ideologies of western societies and healthcare systems are not structured in a way that supports the health, the lives of women, and in particular the lives of First Nations women…or any woman living outside of the dominant group, which is by virtue, every woman. (McDonald & McIntyre, 2002, p. 263)

The Question of Legitimacy

Alternative practices such as subtle energy healing offer an alternative ideology map of who we are, how we are made, and who can be capable of healing others. Richard Gordon (2002), author of *Quantum Touch: the Power to Heal* prefaces his book with these main perceptions: "Healing is real. Everyone can do it. Everyone's love has impact and value. This ability is ours at birth. It comes as standard equipment on all humans – hardwired into the system." In his introduction to Thought Field Therapy, Dr. Roger Callahan (2001) states: "Thought Field Therapy is different from any other psychological treatment that you've ever used. The therapeutic process itself is completely unique. So is the scientific foundation on which it's based. And so are the unprecedented results it can produce."

For much of its history, with roots of sexism, racism, and class oppression, medicine has imposed boundaries on alternative healing by ensuring that it remained outside of medical schools and universities; denying access to research funding, hospitals, laboratories, government and private insurance coverage and state licensure or registration. Private educational institutions created by alternative therapy providers did not receive funding. "All of these significantly impeded the legitimacy of [alternative medicine]. Much of it was made possible by medicine claiming to be acting in the public interest" (Coulter & Willis, 2004, p. 4). Our mainstream attitudes about health are forged from a lineage of elitism and oppression. Even so,

the question must be asked: why do many alternative healing methods still lack supportive research?

Subtle energy therapies are among the most controversial of alternative practices because of a perceived lack of biophysical proof (NCCAM, Energy Medicine, p. 1), yet in the recent past demonstrated proof has frequently been denied access to research funding and publication in respected journals (Goldrick, 1997, p. 7) and often those practicing energy-based therapies have no interest in studying them (Goldrick, 1997, p. 8). The logic behind reluctance of practitioner's resistance to do research might be the lack of public funding and practitioner's inability to conduct controlled studies within a client-base that are paying for treatment. Any non-formal research is time consuming and often voluntary on the part of practitioners. "Psychologist Gregory Nicosia, who has combined several energy modalities … says he has to ask himself, 'Do I spend time validating procedures, or do I train others?' He concluded that, ultimately, training others would be of more value (Goldrick, p. 8).

Even so, research does exist, albeit largely unacknowledged. Science is beginning to use technology to study and document proof of the basis of ancient knowledge: the body's energy system. "Even at the Institute of HeartMath, a research center … where some of the most advanced research indicating the presence of subtle energy is taking place, the studies are not widely publicized. Rollin McCraty, the institute's director of research, admits that to do so might alienate the mainstream cardiologists and corporate executives who, institute officials believe, are key to taking its heart-related stress-reduction programs to the wider public" (McGoldrick, 1997, p. 9).

While amid new approaches to research the existence of the body's energy system, debate continues over the validity of such treatment approaches. Deliberations include aspects of

professionalism versus non-professionalism; institutional accreditation and licensing; applications of health treatment and research funding, and the legitimacy of training.

Accreditation by medical and psychological professional associations appear to be the key to legitimacy, however the fortress of mainstream views remain unyielding. The Canadian Psychological Association's criteria for legitimate continuing education credits contain the following: "Content will be related to psychological theory, method(s) or practice." In itself, this one general point provides a fulcrum for judgment against alternative approaches. Critics contend that formalized continuing education requirements tend to limit the content of what professionals learn. "This trend has the potential to stifle diversity and lead to a deadening of debate that may be harmful to the long-term interests of the field of psychology" (McLoughlin, 2008, p. 5).

Continuing education credits as well as medical research within the American and Canadian Medical Associations are influenced by another major health stakeholder: the pharmaceutical companies.

> Currently, continuing medical education activities are, for the most part, sponsored by the pharmaceutical industry, which has a vested interest in promoting its products. The evidence suggests that education sponsored by the pharmaceutical industry frequently distorts the topic selection, embellishes the positive elements of studies and downplays the adverse effects. In effect, the industry focuses primarily on treatments and treatment-related issues at the expense of the larger therapeutic picture, including quality of care and patient safety not involving drugs, determinants of health, prevention and health promotion and other modalities of treatment. (Hebert, 2008, p. 1)

Regardless of limitations, some forms of energy related therapies appear to be finding their place in "legitimate" education. For example, Self Regulation Therapy (SRT) and Eye Movement (EMDR) are both approved by the Canadian Psychological Association for continuing education credits. Self-regulation, while not attesting to be

any form of energy therapy, does acknowledge energy as an aspect of the physical nervous system. The description from the SRT website describes the experience of treatment as "a discharge of excess energy in the nervous system through heat, tingling or trembling. As SRT helps to bring balance to the nervous system, you can expect to feel more alive and more able to manage the unavoidable stress in daily life" (CFTRE, 2008). Another approved approach, Eye Movement Desensitization and Reprogramming (EMDR) uses rapid back and forth eye movements as a part of the therapeutic system. Similar to SRT, there is no mention of EMDR being in any way related to energy therapies, yet other non-approved therapies such as Thought Field Therapy (Callahan, 2001) uses similar eye movements as a part of its protocol, along with use of the meridian system, with similar descriptions of nervous system energy balance as accounted by SRT.

When exploring reasons why some therapeutic modalities are accepted by mainstream ideologies while others aren't, some differences become apparent.

- Those that are approved for continuing education credits display numerous sources of research. It is notable that many initial research projects originated from the association of practitioners, rather than formal education institutions. Non-approved modalities are either currently working toward accumulating a body of research (ATFT, 2008), or may not be interested in mainstream approval.

- Approved modalities – in particular, those related to emotional issues, couch their descriptive language in psychological terms, and surround their "alternative" practices with cognitive/behavioural/biological rationale and counselling skills (EMDRIA, CFTRE). Many non-approved approaches use a more literal plain language approach, useful for the attraction of participants who are not from an academic background (Gordon, 2002).

- Approved courses are taught by master and doctorate level educators, at comparatively higher cost to students, in contrast to non-approved training by experienced practitioners who have met practice hours requirements and specific instructor's training. Many alternative approaches want to maintain their ease of

use by "ordinary" people providing proof of experience rather than requiring official credentials for trainers (Callahan, 2001).

- Approved courses maintain very tight controls over student prerequisites (demanding minimum masters' level and state licensing) and work history; reserving the right to refuse students who do not meet requirements (CFTRE). Non-approved approaches maintain that anyone can learn and apply the skills. Students may attend basic training for their own personal use. If they wish to become practitioners or instructors, they embark on further training.

More the reason for maintaining non-formal and under-researched status of alternative therapies might be a preference to remain a "people's" approach to health, as originally conducted by women healers of our past and aboriginal healers of our present. To become a formally recognized approach in our current healthcare system is to remove the power of those many healers who add to the knowledge through their experiences and creative applications. Perhaps to be marginalized brings its own rewards.

Despite the encouragement by the World Health Organization with its plan to increase formal research and validation of alternative approaches to health, energy therapy research remains vastly under-funded and unsupported. Compared to funds available for research in pharmaceutical and other physically invasive approaches to health, empirical and anecdotal evidence of the impacts of energy approaches to emotional wellness are consequently poorly represented in current academic research journals. This project sought to document and perhaps to validate such impacts using a study sample from one energy therapy method: *Focused Intention Technique.*

The Training

The theory behind *Focused Intention Technique (FIT)* is based on research and knowledge gathered by several sources. Cardiac surgeon, Dr. Paul Pearsall (1998), after years of

noting patient experiences after a transplant, notes the ability of the heart to possess its own type of consciousness. Bruce Lipton (2005, 2007), demonstrates that the cells of our bodies are highly responsive to changes in our belief systems. Lynne McTaggart (2008) has published several research articles and books on the power of intention, while Dr. Wayne Dyer (2004) expounds on personal use of intention. The Institute of HeartMath compiles research regarding the abilities of the heart in contributing to intuition, body response and balancing mind and emotion (www.heartmath.org). Energy therapy practices such as Reiki (Dixon, 2011) and Quantum Touch (Gordon, 2002) contribute information on the role of the energy chakra system in healing. Dr. Roger Callahan (2001) explains the simplicity and ease of energetically resolving trauma as well as the use of the Heart-Rate Variability monitor in pre and post treatment tracking.

The system and training of *Focused Intention Technique* was developed by two mental health therapists who worked together for several years in a private practice clinical setting. Their development of intensive healing programs for groups of participants to resolve the effects of trauma led them to explore and utilize alternative approaches to mental health. An adaptation of rational-emotive, cognitive-behavioral, and a blend of energy techniques, in addition to Dr. Pearsall's heart-intelligence theory, grew to become a powerful and simple approach to emotional wellness. Their book, *Unlimited You* (2010), describes and teaches the FIT method for any reader/learner.

> The human body holds all the wisdom to heal itself. True knowledge comes from within. By simply activating intention and focus your body does the rest. Your body is engineered so that if you tap into its healing force, that force being intention, it will lead you to health. Your body wants to heal, and every cell carries extraordinary intelligence and fortitude. While we all sometimes need outside help and direction, healing is an inside job (Bird, Mohl, 2010, p. 1).

Science can now show startling new possibilities regarding how we think, feel, heal, and find meaning in our lives. Research suggests that the heart can think, cells can remember, and both are linked to an extremely powerful, yet subtle energy force (Pearce in Mergliano & Debus, 1999). Science is now taking the first steps toward verifying and understanding what ancient traditional healers have been teaching for centuries. Studies in Quantum Physics provide an explanation of how and why we can influence ourselves and others through intention (Talbot, 1992). We may have been too "brain focused" in our past searches for understanding the mind, "…failing to see that the heart might be an informational and energetic cornerstone of a three-component…mind, made up of a *heart* that energetically integrates the brilliantly adaptive *brain* with its miraculously self-healing *body*" [italics added] (Pearsall, 1998, 4-5). Since the heart is the powerful main generator and transmitter of information/energy, it is the hub of our system's recollection of its life – its cellular memory (Pearsall, 1998, 14).

FIT connects the body, brain and heart to locate the original cause(s) of an identified issue or block and uses intended access to the information/energy of the heart. It teaches how to then fulfill the inner resources needed so the mind can make a new decision about the event, person, situation, or, by extension, the world. It works with the theory that when trauma happens we might make an encompassing decision about ourselves, others, and the world, such as, "I can't trust people," or "I'm unlovable". We needed something in that painful moment from the past, such as love or support, and didn't have or get the inner resources needed at the time. Although we may learn to compensate for the debilitating decision, a part of who we are remains under its influence. If we decide that part of ourselves is not desirable, we mentally disown it and place it in the darkness of our unconsciousness. Physically, we store the quintessence of this decision as a as a heavy or agitated energy within one of our chakras or body energy centres. The

decision made at the time of trauma becomes a spiritual issue as it is reinforced to become a core belief about self, others, or the world in general. Core beliefs filter and direct our thoughts. When beliefs are defensive and self-defeating, the resulting patterns of thinking affect emotions, causing distress.

The theory of FIT uses the Whole Self model developed as a blend of Albert Ellis' Rational Emotive Therapy (REBT Network), energy systems theory, and the indigenous Medicine Wheel. The Whole Self model demonstrates how our physical interactions affect the belief system within the spiritual realm, which in turn affects our thoughts and our emotions. Emotions, defined as body manifestations of energy states (Damasio, 2000, p. 138), further direct our physical states and interactions, either reinforcing or changing our belief systems.

Lipton (2005) discusses the futility of battling a belief program in the subconscious mind, often from childhood experiences. Based on another common belief that we can overcome our defects through will power we try over and over to alter our thinking only to meet with inner resistance. He states that "tensions between conscious will power and subconscious programs can result in serious neurological disorders" (p. 171). Most conventional methods for confronting such issues have relied on drugs or talk therapy with only limited success. Newer approaches which capitalize on quantum physics that connect energy and thought are more promising in their ability to change our programming (p. 172).

When participants are being trained to consider all aspects of human existence, the amount of information to explore can be overwhelming. The essential components of humanness are distilled into four major aspects or potentials. We *see* (spiritual), we *think* (mental), we *feel* (emotional), and we *do* (physical). The four potentials work together to form the individual self.

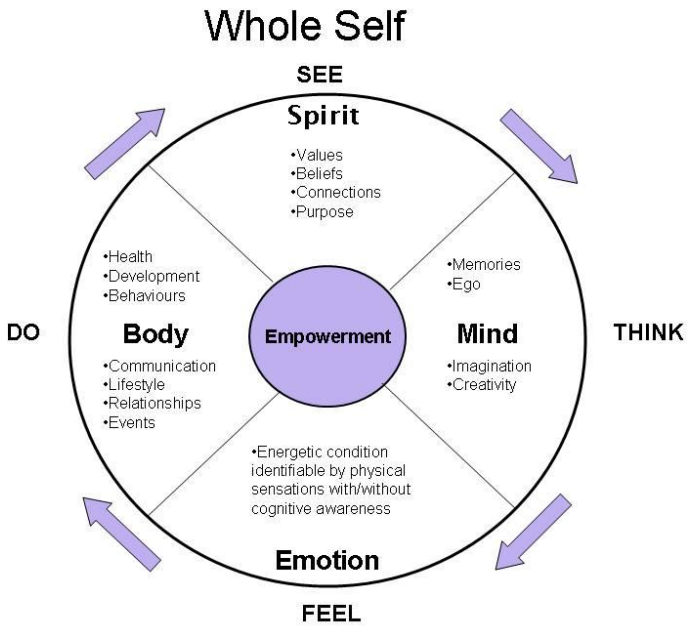


Figure 1

Participants are taught that although we might function to some degree of success with one part underdeveloped, we can only reach our total potential when all parts are given adequate nurturing, exercise, and attention to development. Within the framework of these aspects, great variation is possible. If we are developing all of our abilities in a balanced way, paying attention to all four aspects, then we have greater capacity to achieve our whole potential.

As movement in the wheel would take a clockwise direction, each aspect is affected by what is taking place in the ones before it and will, in turn, affect the aspects that follow, creating a whole person response to our experiences. When they are working well and growing together, our four potentials offer rich possibilities for harmonious life. When one or more parts are lacking full health all of the other aspects are affected. In the FIT training, each potential is described and discussed for understanding and personal integration. Following are some of the main point of discussion in FIT training.

The Spiritual Potential: what we see

- Spirituality provides our vision of our relationships with our world, our universe, and ourselves. The spiritual potential provides insight into the roots of our issues because what we see is what creates our reality.
- Spirituality varies with family and cultural understandings, and develops over a life time through nurturing, learning, and practice.
- The meaning of spirituality is separate from the meaning of religion. Religions and other social belief systems provide us with a framework for teaching, supporting and guiding our spirituality.
- Some of the main components that shape our spiritual nature are our beliefs, our values, our sense of connectedness, and our sense of purpose.
- Beliefs are constantly undergoing a process of forming, modifying, confirming, or dissolving. They belong to the spiritual realm, rather than the mental because of their deep-seated influence on our lives.
- A belief can be defined as an idea unconditionally accepted and trusted as true. There are two different types of beliefs. The first is a specific belief that we can change at will, perhaps as a result of gaining influential information; the second kind of belief is a 'core' belief, usually formed either early in life or during a time of high emotional intensity.
- Core beliefs that are formed early in life tend to be general and all-encompassing, such as "I'm not good enough." A core belief formed later in life can have an encompassing impact as a result of energy (emotional) attachment resulting from trauma. An adult who

is suddenly assaulted, for example, may then develop a core belief that the world is a dangerous place.

- Throughout our lifespan we gain and alter beliefs about ourselves through the messages of our experiences. Positive experiences such as a feeling of being loved and respected will help form self-enhancing beliefs such as "I am loveable," or "I am respectable." Positive beliefs about ourselves become the inner resources that sustain us through life challenges. Negative events shape self-defeating beliefs such as "I am stupid," or "I am unworthy." We may carry self-defeating beliefs within us until we can look objectively at the patterns in our lives and realize their ineffectiveness. We are capable of changing or developing new beliefs.
- Values can be identified as the ideals to which we direct our energy. Personal values are adopted through contacts with family, spiritual teachings, community, education, and the information we receive from media. Values are much interconnected with our beliefs. Knowledge of our existing values helps us to find solutions for balance in our lives. Awareness of what is most important to us can provide direction, motivation, and a sense of meaning to our life goals.
- Connectedness is a natural progression of development as we grow, from the nurturing of parents and family, to being a part of a neighborhood or community, to nationhood, to humanity. We may also grow to feel connected to the earth and all of its life forms and to a universal whole. The journey toward spiritual health happens most effectively through the contacts and teachings of others. A common sign of spiritual imbalance is a feeling of isolation or loneliness. Our brains and bodies are wired for social contact. "Limbic

regulation makes expulsion from the company of others the cruelest punishment human being can devise" (Lewis, et al, p. 87).

- As our support system widens, we become stronger in our sense of worth and ability to take positive risks in our lives. Essentially we develop a stronger energy system through positive connections as we build our functioning awareness of universal energy. Loving relationships early in life feed our need for inner resources like a spiritual umbilical cord. Early love and acceptance from our family is what activates universal love and nourishes the needs of the heart.
- Family fractures, community conflicts, and other rejecting experiences can interrupt our growth toward a sense of connection. Many people, grown to adulthood, may not be able to perceive the underlying cause of their pervasive depression or anger. If we miss early activation of inner resources such as love, we may find ways to protect the heart and take up our residence of "self" within our brains, developing a mere picture of who we are from the information that is fed to us. Everyone is capable of reactivating those "missing" inner resources through heart-conscious access to universal source love and acceptance.
- The conditions of our spiritual self directly influence our thoughts and abilities in our mental aspect. Beliefs that are positive and self-actualizing lead to positive thoughts about related new experiences, while negative or self-defeating beliefs create thinking patterns which put us out of alignment within our whole self.

The Mental Potential: what we think

- Our ability for reason and choice is regarded as the place where the spiritual and physical potentials in a human meet. The mind's greatest capacity is to operate as a servant to the wisdom of the heart (Pearsall, 1998).

- We largely live in a brain-oriented world, where abilities to reason are more highly regarded than intuitive capacities. Dr. Paul Pearsall (1998), describes the mind/brain as being largely "mortally phobic." That is, the brain is fearful of its own end of existence. The mind, he says, identifies us as separate beings, is cognizant of time and mortality and is always in a hurry. It is designed to constantly be on some level of alert, even while we are asleep. "The brain/body covenant is one designed primarily for staying alive, seeking stimulation, doing, and getting. In effect, the brain 'drags' your body with it to do its bidding, hauling you and your heart along on its rough ride, whether or not you are sure 'in your heart' that you want to go where it is taking you" (p. 24).
- We are socially trained to rely on the 'proven' facts, rather than our intuition; to search for evidence of truth outside of ourselves rather than to trust our inner truth. We have traded the value of wisdom for the value of knowledge. To be knowledgeable means to acquire information from outside ourselves for our betterment, and to rely on our brains for finding 'rational' solutions to life. Too be wise is to be connected – to nature, to other people, to our own hearts – and to find answers through a blend of facts and intuition.
- The mind has many abilities that contribute to our capacities for wellness. Our mental capacity for imagination, investigation, identification, reason and decision-making are all important components of working with issues to improve our well-being (Marsden, 2003, p. 27).
- *Memory* is our ability to store what we have imagined, thought, and comprehended, so we can recall it at a later date. Through our conscious and unconscious memories, we have access to the past and to the lessons of our experiences.

- Our capacity for what we subconsciously choose to remember is filtered by our perception of an event: whether or not it is compatible with our beliefs and values, and the meaning we attach as a result. If we believe that the world is a kind and trustworthy place we may be more apt to remember an event that challenges and alters that belief. If the event is so negative that it virtually shatters a positive belief it can traumatize us. Our minds seem to freeze in the moment and we will either be plagued with emotionally-linked flashbacks or we might instead tuck the memory away into our subconscious and "forget" it happened. Our conscious mind can forget, but our body still carries the impact of the event.
- One of the goals of healing is to be free of the emotional impacts of past hurts: negative events, when recalled, are no longer attached to us with emotional energy. We can comfortably think about them as we might think of a story, no longer having the power to alter our present emotions. When we find ourselves saying or thinking that we don't want to dwell on a negative memory because it feels too uncomfortable, that is a signal that we have something in our past that has yet to be resolved.
- *Imagination and creativity* are the abilities to envision and manifest possibilities, ideas, and goals and dreams that have yet to be. It is also the ability to recreate ourselves, our stories and our meanings (p. 43). It is the gift of our imagination that gives us permission to open our minds to new ideas while creativity offers us the ability to blend in new ideas with old, forging more solid understandings. It is the combination of our imagination, creativity, and intention that allows us to work within ourselves, bypassing the boundaries of time to transform what once existed in the past into a new experience (Talbot, 1992, p. 226).
- Our thoughts are the pathway between how we see our world and how we feel. If we feel depressed, angry, or fearful we can begin to track the cause by attentively monitoring our

thoughts. Our thoughts are not who we are. They are our own creations residing within us, easily extendable to the world around us through intention. We are capable of awareness of what we are thinking and, depending on the degree to which our thoughts are attached to our beliefs, somewhat able to decide to think differently. Who we are is the one who is aware and can make that decision (Talbot, 1992, p. 44).

- Our thoughts have remarkable capacity to affect ourselves, our lives, and our world. Micheal Talbot, in *the Holographic Universe (1992),* compiled dozens of studies that prove human ability to affect the outcome of events through concentrated thought. Quantum physics research has shown us how the thoughts of researchers can actually alter the outcome of an experiment. Talbot applies new knowledge to old, showing us that humankind in the past understood the concepts of thought-as-energy across many cultures. Some of that knowledge has been retained by many indigenous cultures; knowledge once scoffed at by science as superstition (Talbot, 1992, p. 220).
- Our thoughts have power. Our thoughts create the conditions of your health, our relationships, and our particular world. What we think controls the quality of energy that we carry, more commonly viewed as our emotions, affecting our physical functioning and behaviors.

The Emotional Potential – what we feel

- Our emotional condition can be described as the conditions of energy we carry at a given time. It is the basis of our physical level of motivation, our health, and our choices of action.

- Our heart immediately attunes to our emotions. If we are connected to the wisdom of our heart we are also connected to every fluctuation of our energy caused by our emotional states.
- How we exactly gage the intensity of our emotional state in order to accurately describe it is a highly refined skill; a skill rarely taught within either families or education system. Only recently has the term "emotional intelligence" emerged as "the capacity to process emotional information accurately and efficiently… to regulate the emotions in an optimal manner" (Ben-Ze'ev, 2000).
- Our emotional state in any moment is one of our most difficult aspects to regulate. The moment that we recognize we are angry we are already in an energetic state of anger. How we learn to harness and control our emotions is through two awareness processes: 1) identifying the thought that immediately preceded the emotional state and, 2) identifying shifts in our physical state through body sensations and feedback from others.
- The word 'emotion' more aptly describes the energy state, while the word 'feeling' points to our perception of an emotion through cues from our body (Damasio, 2000, p. 145). This is the reason why the Whole Self model has the emotional aspect situated between the mental and the physical potentials. What we believe affects what we think. What we think immediately creates our emotional state, which in turn immediately affects our physical state.
- Emotional energy is very fluid in its ability to transfer from one living organism to another (Lewis et al., 2000, pp. 84-85). Energy tends to attune with similar vibrations. In other words, when we frequently carry negative, heavy energies, we are more likely to see our world in a negative way and be more vulnerable to hurtful or harmful experiences. Feelings

of love, acceptance, respect, joy and appreciation carry a lighter, but just as powerful energy force. This high-frequency energy attracts similar vibrations from others, bringing us more potential for well-being and joyful interactions.

- Our bodies are capable of their best health when high frequency energy flows through, unimpeded by perturbations or blocks. Negative, heavy energy needs to be "expressed" from the body for optimum health.
- Research has shown that if anger is not expressed appropriately, the body may react to this feeling. People who tend to hold in their anger might experience it in the form of lower back pain, arthritis pain, or other chronic aches, according to a study. Of 142 people suffering chronic pain, the strongest predictor of who hurt the worst was how much people held in their anger (Kerns, 1994). Unexpressed negative emotions may actually suppress the immune and endocrine systems and cause damage to the heart (Kam, 2011).
- As well as contributing to our overall wellness, being in touch with our feelings is a rich source of information and experience. At a more subtle level, it helps us to connect to our intuition. Our emotions provide us with the energy to power our actions, and to motivate us to change our desires into reality.

The Physical Potential – what we do

- An examination of the contribution of the physical quadrant of the wheel to our total wellness considers components such as our health and development; our lifestyle and relationships; our behaviors and communication, and particularly the events that shape who we are. It is *what happens* in our physical realm that initiates either a healthy development

of self, or an inner injury to our personhood that, left unresolved, becomes an interruption to our full potential.

- Our body houses who we are, including the energies of our experiences. Energetic and chemical balances influence much of how we respond to life, some of which is controllable through knowledge of the effects of food, exercise, and awareness of our own natural rhythms. We also need to be aware of what we feed our energy states through our choices of relationships, environments, entertainments and work.
- Our bodies naturally respond to our emotional state. We learn to recognize our emotions through body sensations. Awareness of our physical state from moment to moment helps us to be aware of what affect our choices are truly causing to our physical and energetic selves.
- Our bodies can be considered as highly complex communication equipment. Whatever exists in our spiritual, mental, and emotional quadrants can be communicated in any number of ways through the actions of our bodies. Our physical selves alone carry the message of who we are, what we think and what we feel to others who observe and receive our communications.
- When we communicate messages that are out of integrity with what we believe, think, or feel we cause discord within ourselves and others around us. The body quite literally weakens as our energy system goes into a state of disharmony (Callahan, 2001). To move toward a state of balance; becoming all that we can be requires identification and transformation of whatever beliefs are causing us to behave as if our real self does not deserve to exist, along with day to day practice in being genuine.

The Events that Shape Us

When we use the Whole Self wheel to track the origin of our issues we will always end at the physical aspect – at the event or events that initiated our core belief(s) which affect our thinking patterns, our energies and our behaviors and choices.

Everyone experiences painful and traumatizing events, some much more than others. The idea of trauma is very subjective. One person might be traumatized from the same event that may not have affected others in the same way. Many factors influence our reactions such as our age, gender, personal meaning or perception, and the absence or existence of inner and social emotional resources which make up our degree of resilience.

While a sudden or momentous event can traumatize us to a point of altering our body/brain function and belief systems, we can also be very much affected by repeated negativity that may not be traumatizing, but over time will cause quite similar reactions. Children and adults who are faced with continuous put-downs, bullying, threats to self and safety, abandonment and loss will struggle to establish a healthy sense of self amid a constant barrage of negative energies. Emotional abandonment as a result of parents who are living in their own chaos can produce children who are painfully lacking inner resources. There is a strong tendency for those children to grow through their lives repeating the chaotic, trauma-laden lifestyle in their unconscious search for love and acceptance.

People who grow accustomed to struggle and lack of environmental and social resources such as adequate food and housing will also bear some affects as they alter their belief system from one of natural abundance to one of scarcity in order to fit in with the energies of those around them.

When hurtful events happen to children they may lack the inner resources to emotionally cope with the event, needing fulfillment of the resource from an outside source, such as a parent. When no one actively offers the resource, the negativity of the event becomes a trauma, ultimately affecting self awareness and behaviors until resolution. When we obtain and activate the inner resource(s) that we needed, even years later, the experience of that moment or event resolves and becomes finished. Emotional, physical, spiritual and mental health improves. We find a previously missing sense of inner peace and completion.

FIT is a process to finish and complete what was not finished at the time of the initiating event. The effects of unresolved trauma get stored in the cells of the body in low vibration energy patterns or limitations. Our heart is our connection to life source, as well as to "source" wisdom within us. Whatever we are lacking in terms of our inner resources can be accessed through operating from heart consciousness. Through use of self awareness, body awareness, energy awareness and visualization, activation of inner resources brings a higher energy vibration to the initial unresolved trauma.

Engaging in changing these low energy patterns brings oneself back into the higher, healthier energy vibrations and, ultimately, to restored wellness.

The Focused Intention Technique

Participants in FIT training learn to use the components of the *Self Wheel,* along with heart conscious intention, to identify and explore their own issues. Moving counter clockwise (backwards) through the wheel, they spiral in through the four aspects of self to find the initiating, or core belief in operation with their identified issue. The FIT process uses a set of directive questions to guide participants in assisting one another or for self-therapy.

FIT Questions:

- What do I want to change? (spiritual)
- What sensations do I notice in my body? (physical)
- What is the emotion I most strongly feel? (emotional)
- What is the earliest age or memory associated with this emotion or sensation (mental)
- In that moment, what decision did I make about myself/others/the world (spiritual)
- What resources did I need in that moment to complete or resolve the event? (physical)

Throughout the process, the participant has the right hand placed over the heart, while the left hand remains on the identified body sensation, connecting heart, body and mind. This is the key factor to enabling access to all of the information required. The Actual FIT process contains eleven stages, utilizing mind, energy, body connection with heart consciousness. Some aspects of the process are repeated until full resolution is achieved.

Following is a case example of the use of Focused Intention Technique:

Carla was an intelligent, happy, and creative child until her family moved to a small town when she was seven years old. In her new environment the other girls taunted and teased her, calling her "weird" and keeping her on the outside of social groups. When Carla told her mother about her problem she was accused of making up stories and told to quit complaining and fit herself in. One day when she was nine, three girls took Carla to some older boys who molested her, and then they laughed at her for crying. Carla felt too scared and ashamed to tell anyone else.

Carla's own inner resources were young and vulnerable. She was unable to have them reinforced by caregivers in her life. She grew to believe that there was something wrong with her; that she was not good enough.

Carla grew into her teens thinking that she needed to try very hard to measure up to her world's standards. Her mental filter turned her attention to needing to have the 'right' clothing, makeup and behaviors in order to fit in. Every morning she would fret about how she looked. Even when costumed to her own standards she thought that everyone who came into contact with her was laughing at her behind her back. She would try even harder to be perfect.

When faced with challenges Carla would often feel lightheaded and scared. Her heart would pound and her body would shake. She would alternate at times between sadness and anger. Growing more concerned about her appearance she would avoid eating for too long and then gorge on food, causing her more distress about her own appearance and behaviors. With others, Carla would exaggerate information about her life. She would often sabotage friendships by being overly controlling and 'two-faced'. Carla's lack of close, nurturing relationships reinforces her underlying belief that there is something wrong with her; that she is not good enough.

Through the FIT process, with her right hand on her chest to access her heart consciousness, Carla identified that she wanted to be free of her cycles of depression and anger. Her left hand went to her lower abdomen as she sensed heaviness there. She remembered the shameful incident with the boys and the rejection of the girls and her mother. She remembered deciding that she was unworthy of respect and acceptance; that others were better than her; that her world was a hurtful and judgmental place. Carla identified that during that time she was lacking connection with the resources of acceptance, respect and protection.

Once those dormant resources were activated within her Carla said she felt different: lighter and happier. To observers her complexion and her movements seemed to have more color and energy. She experienced the new feeling of being worthy and filled with a sense of self-respect

and acceptance. Her perceptions about other were more accepting and forgiving. She described her world as bright and safe. Carla's expression was joyful.

The training of *Focused Intention Technique* includes the following components:

- group cohesion activity
- theory and process
- the role of the heart, mind and body connection
- types and functions of body energy systems
- participant practice of body awareness
- examination of the definition and role of 'intention'
- participant practice of heart-centered intention
- exploration of trauma and effects using the Whole Self model
- identify stages of the FIT process stages in relation to the Whole Self model
- participant identification of issues/wants
- demonstration and small group practice of the FIT process, working on identified issue(s)
- individual practice of the FIT process, working on identified issue(s)
- Training group debrief

The Research Project

The Research Intention

Hypothesis

Individuals who are attracted to learn the theory and use of *Focused Intention Technique* are seeking alternative and/or complementary approaches to improvements in their mental/ physical/spiritual well-being. They may also be attracted to gaining new career-enhancing skills to assist others. When they learn the theory and use of *Focused Intention Technique* they experience positive change in their beliefs, thoughts, behaviors, and physical states, as compared to a combination of measured and self-assessed states prior to acquiring the new knowledge.

Research Questions

A. What are the social, professional, and ideological backgrounds of individuals attracted to this specific type of learning?

B. What are participants' expectations of the outcomes and uses of the learning?

C. Does the knowledge and use of *Focused Intention Technique* facilitate measurable positive change in emotions, attitudes, thoughts, behaviors, and physical states of users?

D. A supplementary question: Is the use of a five-minute HRV reading a reliable tool for measuring improvement in emotional health at a longer-term interval of three weeks?

Nominal Definitions

Focused Intention Technique® (FIT): Developed by *The Canadian College of Healing Arts*, FIT is a self-directed approach to eliminating blocks to emotional and physical well-being. Using a learned method of applying heart-centered consciousness, initiating trauma events are identified

and resolved within minutes, removing unconscious needs for defensive and self-defeating beliefs and behaviors.

Emotional Trauma: A past or current issue that creates subjective emotional distress in the subject while it is present in conscious thought. Emotional distress may be identified as pain, heaviness, tension or discomfort in the body, change in heart rate and breathing, as well as observable behaviors such as tears, posture, voice or expression changes. Subconscious effects of an emotional trauma can result in self-defeating perceptions and behaviors as well as chronic physical health issues.

Heart Rate Variability Monitor: HRV refers to the degree of fluctuation in the length of the intervals between heart beats. A computer program, *The Inner Balance Scan,* developed by Biocom Technologies is a biofeedback tool that uses pulse patterns to measure variability of heart rate, which can indicate physical resilience, sympathetic and parasympathetic balance, and adaptability of heart function (SDNN score). SDNN stands for Standard Deviation of Norm to Norm intervals. A low SDNN score is indicative of a variety of physical and emotional issues, however research by Dr. Roger Callahan, using Thought Field Therapy, an alternative approach for treatment of emotional trauma, has found "a close correspondence between improved HRV and client report of reduced degree of upset. HRV may prove to be an appropriate objective measure of psychotherapy efficacy given the correspondence between client report and HRV outcome" (2001). If true, client report of a decrease in distress should correlate with an increase in the SDNN score.

The Method

Components of the research process consisted of

- Pre training registration forms to gather demographic data
- Pre training Holistic Assessments, parts 1 and 2; participant reported
- Pre training HRV five-minute scan to record the SDNN score
- Twelve hours of training in the Focused Intention Technique, with expressed expectation to practice using the self-administered technique over a three week period.
- Minimum of three week lapse between pre and post assessments.
- Brief interview and post training Holistic Assessments, parts 1 and 2; participant reported
- Post training HRV five-minute scan to record the SDNN score

Participants for the project were collected through invitation to 370 people via electronic communications. They were informed that the weekend training event, normally offered at a cost, was free of charge with their informed consent and willingness to participate in pre and post assessments for research purposes. Selection of participants used a first come - first serve method of registrations. All were presented with explanation of the research activity and risks for informed consent. Registration forms gathered the social data required to answer research questions A and B (Appendix 1).

A total of 38 people expressed interest, 26 registered, and 19 people attended the training. Of the 19, one participant failed to respond to requests for arranging the follow-up assessment. Results are based on 18 participants in the research project. Training was conducted over three separate weekends with groups of 6 – 7 each. Pre-training assessments were conducted

concurrent with the group sessions while post-training assessments were carried out with individuals at least three-weeks after their training. Pre and post assessments followed the same questionnaire and HRV reading format.

To gather data for research question C, each group performed pre-training assessments and a five-minute HRV scan to obtain the SDNN score. They then received the twelve hour *Focused Intention Technique* training program. At a minimum of three weeks after their training, participants performed another assessment process with the same questions and format as their first along with another HRV scan. With Part 1 of the written assessment (stated issues), participants were able to view their list of pre training issues without seeing their previous score so they could then apply their current score with a rating for subjective units of distress to their previously stated issues. For Part 2 of the written assessment participants were unable to see any of their previous answers (Appendix 2).

The Results

Participant Demographics

Ages, education levels, marital status, work status and reason for taking part in the training are listed in the following figure:

Figure 2

Age	Gen	Educ	Family	Work	Reason	Previous Therapy training
21	F	Gr 11	single	Barista	Self	none
45	F	Diploma	married	Student - Addictions Counselling	Self, career	Reiki, Quantum Touch, Dowsing, Bowen
35	M	Diploma	single	Insurance	Self	none
57	F	Gr 12	married	clerk	Self	Bowen
36	F	Diploma	single	Admin	Self	none
45	F	LPN	C/L	Nurse	Self, career	Reiki
52	F	Gr. 8	single	Youth worker	Self, career	The Journey & self-help books
47	F	BSW	C/L	unemployed	Self, career	Working with elders
35	F	BSW	married	Mental health	Self, career	Thought Field Therapy
58	F	Diploma	married	artist	Self	none
27	F	BSW	married	Parent	Self, career	none
32	F	BSc	married	Nurse	Self, career	Introduction to Energy Therapies
54	F	Gr. 12	CL	secretary	Self	Healing Touch level 1
55	F	Gr. 12	married	secretary	Self	Quantum Touch, ThetaHealing
41	F	Diploma	married	Nursing aide	Self, career	Reiki, reflexology, massage, Touch for Health
20	F	Gr. 12	single	f/t parent	Self	None
62	F	Diploma	married	Addictions Counselor	Self, career	None
48	F	Gr. 12	CL	Cultural Coordinator	Self, career	Quantum Touch
49	F	Gr. 10	married	Retired clerk	Self	none

Summary:

- Of the 18 participants in the study, there were 17 females and 1 male.
- The age range was 20 – 62, with an average age of 44.
- Of the 18 participants, 7 people lived some distance from the training location, driving 30 to 180 kms to the location. Participants were responsible for their own travel, meals, and lodging costs.
- Nine of the participants are of Aboriginal ancestry.

- 13 of the participants (72%) were married or common-law.
- 11 of the participants (61%) have a post secondary education. The participant with the grade 8 education has had additional training and functions as an elder/youth worker in her community.
- Participant careers can be grouped into:

  1) working or preparing to work in a human service/health field : 9/18 50%

  2) working in administrative or other fields: 9/18 50%
- It may be noted that those who were in a human service/health field had also indicated that they were attracted to the training to enhance their career skills.
- It also may be noted that 8 of the 9 participants who were in a human service/health career field also had previous training in other energy healing modalities. Some indicated during the training that they obtained a great deal of personal growth with such training, while finding it very useful in their work, and were attracted to keep learning more.
- All participants were very cooperative and keen students, committed and willing to take part in all practice activities.

Assessment Results

Assessments are termed "holistic" because they cover four main aspects of personhood – physical, spiritual, mental and emotional – based on the theory model used in FIT training. The physical aspect of self includes body condition as well as social and environmental interactions – all *observable* aspects of self. The "spiritual" aspect includes such factors as beliefs, values, and energetic connections. The mental aspect includes thoughts, memories, imagination, and learning. The

emotional aspect is taught as language labels applied to bio-energetic states. Participants completed their assessments after an introduction of group members and an overview of the research and training.

Both Part 1 and Part 2 of the assessment process are designed to show a lower score for reduction of distress. Part 1 covers perceived distress while Part 2 deals with unconscious, attitudinal, or behavioral indicators of distress.

Part 1 – Stated Issues

Part 1 of the holistic assessment (Appendix 2) required participants to state issues that currently caused distress in their lives. They rated their distress on a scale of 1 (minimal) to 10 (maximum). During post training assessment they received their own list of stated issues without their previous rating. They again rated their issues according to their current level of distress. Following is the combined list of stated issues of all participants along with pre and post scores.

Holistic Assessment Part 1 Stated Issues Mean Scores
Combined stated issues of all participants illustrating pre and post differences in units of distress

Figure 3-a

Physical: Health issues	Subjective units of distress (1: no distress; 10: overwhelming)		
	Pre-training	Post-training	Difference
Acid reflux	5	3	2
Anxiety/OCD	7	6	1
Carpal tunnel	7	2	5
Bloating - midsection	9	6	3
Dental problems	3	2	1
Diverticular disease	10	9	1
Fatigue	5	2	3
Fatigue	6	3	3
Fatigue	7	6	1
Fatigue: lack of energy	8	3	5
Fatigue: tiredness	4	2	2
Fibromyalgia	10	10	0

Flabby stomach	5	5	0
Heart palpitations (menopausal)	5	3	2
Heart palpitations (menopausal)	3	3	0
Hypothyroid	3	2	1
Incontinence	8	4	4
Insomnia	3	3	0
Insomnia: not sleeping well	8	8	0
Knee problem (requiring surgery)	7	6	1
Liver problems	6	5	1
Loss of 20/20 vision	8	8	0
Nasal sore (for 5 years)	6	5	1
Nodules on breast and thyroid	10	8	2
Numbness (in limbs)	6	5	1
Overweight	5	1	4
Overweight/overeating	8	8	0
Overweight	10	8	2
Overweight	7	7	0
Overweight	8	5	3
Overweight	10	10	0
Overweight	9	4	5
Pain: aching	5	1	4
Pain: arthritis – knees, hands	6	3	3
Pain: back	8	2	6
Pain in lower left side of body	6	1	5
Pain: headaches	10	1	9
Pain: headaches	5	2	3
Pain: shoulder & neck	6	5	1
Sinus troubles	8	8	0
Smoking	9	9	0
Stomach problems	8	6	2
Stretch marks	10	6	4
Thyroid	8	5	3
Uterine fibroids	4	3	1
Vision problem	3	2	1
Weak bladder control	8	7	1
Total score physical health issues	320	223	98
Mean scores (average)	6.8	4.74	2.08
Percentile difference in distress	Reduction of 31%		

Figure 3-b

Physical: Social/environment issues	Subjective units of distress (1: no distress; 10: overwhelming)		
	Pre-training	Post-training	Difference
Air quality	10	9	1
Alcoholism: husband	10	8	2
Allergies to mold/mildew/dust	4	3	1
Allergies	10	1	9
Allergies	7	6	1
Allergies/sinus	7	4	3
Asthma/allergies	4	5	-1
Avoiding conflict	6	6	0
Bad (nervous) habits	10	8	2
Child's education	10	3	7
Children's well-being	10	3	7
Darkness	10	3	7
Financial: assistance from government	9	2	7
Financial: bills	7	5	2
Financial: bills	7	3	4
Global disruptions	3	2	1
Lack of fun	5	7	-2
Lack of interaction with others	6	3	3
Lack of respect in others	7	4	3
Lack of understanding in others	9	3	6
Lack of communicating in others	9	4	5
Lack of life/work balance	10	6	4
Loss of peoples' respect for environment	8	4	4
Miscommunication	8	3	5
OCD – cleanliness/order	9	5	4
Other drivers	7	4	3
Pollution	10	8	2
Relationship: husband	10	2	8
Relationship: husband	10	8	2
Relationship: son's father	10	5	5
Relationship: marriage	10	10	0
Relationship: sons	10	2	8
Relationship: daughter's depression	9	7	2
Relationship: brother's anger	8	6	2
Relationship: sisters	10	2	8
Relationship: parents	10	7	3
Relationships: classmates	7	1	6

Relationships: lack of quality friends	6	5	1
Relationship: connection with best friend	8	6	2
Relationships: self help group	8	1	7
Relationship: neighbour's behaviour	8	0	8
Relationship: supervisor	7	2	5
Sensitive to farm chemicals	6	4	2
Sensitive to farm chemicals	7	6	1
Sensitive to cleaners	7	4	3
Storms	8	8	0
Tiredness on cloudy days	8	8	0
Water purity	6	3	3
Weather: cold	8	8	0
Weather	10	10	0
Weather	6	3	3
World issues	5	8	-3
Work environment: High Stress	5	2	3
Work environment: Stressful	10	3	7
Work place	4	3	1
Workplace conflict	10	10	0
Work: job security	7	5	2
Worry about environment	7	2	5
Total physical social/environmental issues	466	273	185
Mean scores (average)	8	4.7	3.2
Percentile difference in distress	Reduction of 40%		

Figure 3-c

Spiritual/Belief Issues	Subjective units of distress (1: no distress; 10: overwhelming)		
	Pre-training	Post-training	Difference
Belief of not being important	8	5	3
Connection with Higher Power	10	3	7
Cultural	8	2	6
Difficulty trusting	9	8	1
Fear of being wrong	8	8	0
Fear of losing children	10	8	2
Fear of losing a child	6	7	-1
Fear of missing important details	9	7	2
Feeling alone in beliefs	4	3	1
Feeling abandoned at times	4	3	1
Gave up on self	10	8	2
Judging self	9	3	6
Lack of good/positive energy	10	3	7
Lack of understanding from others	6	4	2

Lack of prayer	10	5	5
Life	10	2	8
Low self-esteem	7	1	6
Myself	7	2	5
Need to be perfect	7	7	0
Pessimism	8	7	1
Questioning my purpose in life	2	4	-2
Religion	5	2	3
Seeing stress in new situations	6	2	4
Self-doubt	9	4	5
Sense of being condemned/punished	9	6	3
Terrorism (negative energy)	2	0	2
Traditional vs religion	5	1	4
Total Spiritual/belief issues	198	118	83
Mean scores (average)	7.3	4.4	3.1
Percentile difference in distress	Reduction of 42%		

Figure 3-d

Mental/Cognitive Issues	Subjective units of distress (1: no distress; 10: overwhelming)		
	Pre-training	Post-training	Difference
Addictive behaviours	7	4	3
Burnout from learning	10	1	9
Coherent speech	8	6	2
Communication skills	8	5	3
Difficulty focusing on one task	8	7	1
Difficulty putting thoughts together	8	7	1
Easily bored	10	2	8
Fogginess - mental	7	3	4
Foggy-headed	5	2	3
Foggy mind	10	2	8
Forgetful	9	7	2
Forgetful	7	6	1
Forgetful	10	3	7
Frustration with memory	9	9	0
Hard on self as a mother	10	4	6
Lack of confidence in self to [meet goals]	8	6	2
Memory	2	1	1
Memory	10	9	1
Mental tiredness after work	6	4	2
Misinterpreting emails	10	10	0
Overwhelmed	3	1	2
Positive thinking (lack of)	10	10	0

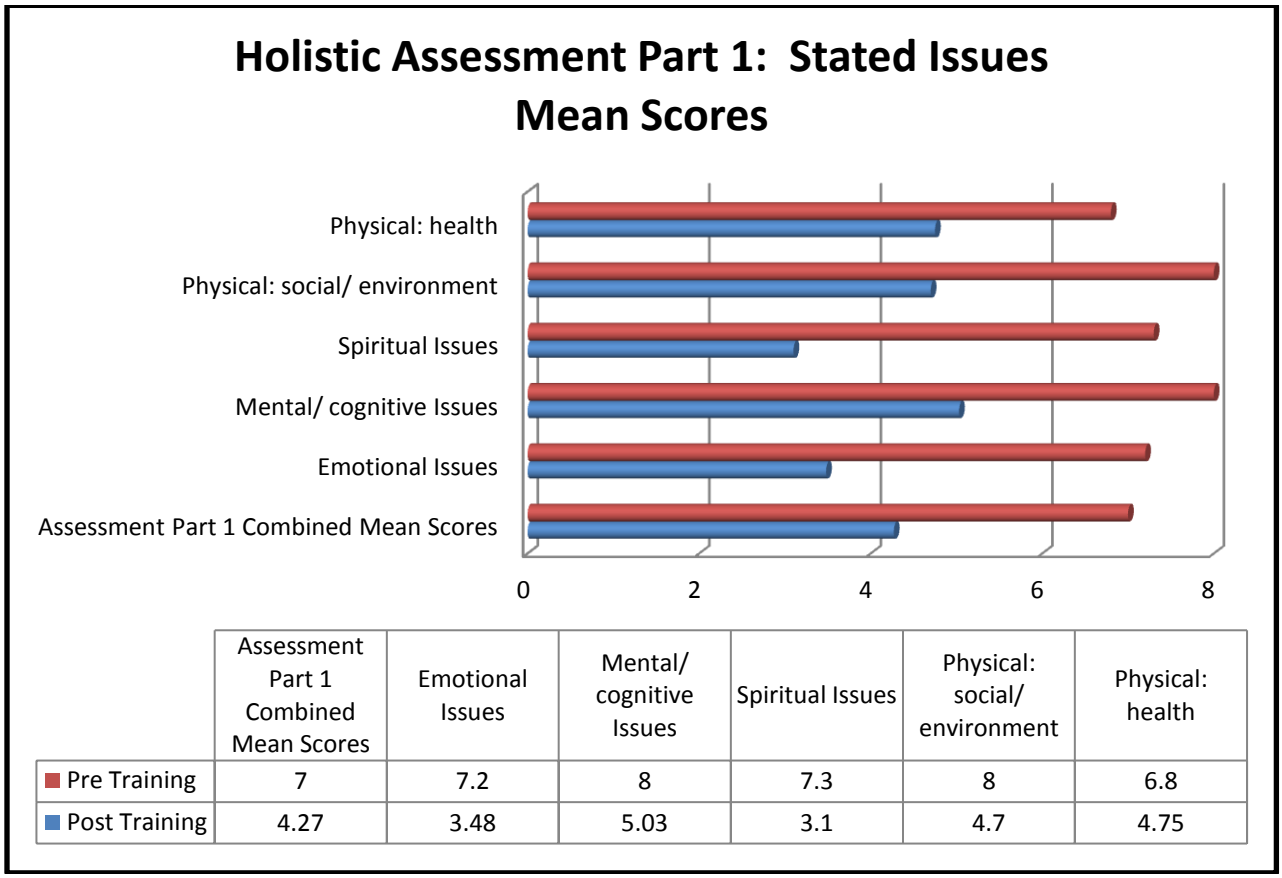
Self doubt about comprehension	8	6	2
Sluggish memory	8	5	3
Staying focused	10	9	1
Stress	8	6	2
Tend to second-guess decisions	7	7	0
Thinking a lot at night	10	8	2
Too much going on – lost in thoughts	8	3	5
Trust	5	2	3
Work ethics	10	8	2
Worry	10	1	9
Worry	5	2	3
Total Mental/cognitive issues	264	166	98
Mean scores (average)	8	5.03	2.97
Percentile difference in distress	Reduction of 37%		

Figure 3-e

Emotional Issues	Subjective units of distress (1: no distress; 10: overwhelming)		
	Pre-training	Post-training	Difference
Abandonment	4	4	0
Anger at ex-spouse	10	3	7
Anger	5	3	2
Anger	4	2	2
Anger issue	10	2	8
Anger/frustration	9	5	4
Anger/frustration	6	3	3
Unresolved anger at self & others	8	2	6
Anger with alcohol-related incidents	8	7	1
Anxiety	10	2	8
Anxiety	7	3	4
Anxiety	8	5	3
Anxiety	2	1	1
Anxiety/panic	9	4	5
Anxiety when speaking about self	9	3	6
Concern about child's anger	10	3	7
Concern about emotional wellness	5	7	-2
Depression	6	3	3
Depression	7	2	5
Depression	10	9	1
Dislike men	2	1	1
Divorce – affects on family	5	3	2
Fear	10	2	8
Frustration	5	3	2
Grief	9	4	5

Grief	7	6	1
Hard to show emotion, i.e. crying	8	3	5
Loss of control	8	7	1
Putting others first before self	8	1	7
Sexual abuse (effects)	6	5	1
Stuffing feelings	8	3	5
Tension	10	2	8
Violence	4	2	2
Total Emotional issues	237	115	122
Mean scores (average)	7.18	3.48	3.69
Percentile difference in distress	Reduction of 51%		

Figure 4



	Assessment Part 1 Combined Mean Scores	Emotional Issues	Mental/ cognitive Issues	Spiritual Issues	Physical: social/ environment	Physical: health
Pre Training	7	7.2	8	7.3	8	6.8
Post Training	4.27	3.48	5.03	3.1	4.7	4.75

Assessment Part 1 Summary

Energy therapies such as Focused Intention Technique, designed for greatest impact on emotional health, will also affect physical health issues. Sometimes the positive effect is immediate, but more often results become apparent over a length of time with continued use as chronic health issues abate more slowly as the physical system becomes more effective. The findings here reflect this phenomenon. Much of the reported distress reduction for physical states may be not so much of actual chronic conditions, but more a reduction of the resulting interference with perception of well-being. The greatest reduction in distress shows in the list of emotional issues (51%), followed by spiritual/belief issues (42%), physical: social/environmental issues (40%), mental issues (37%), and physical: health issues (31%).

Follow-up meetings with individuals provide more insight into scoring discrepancies. One person, post training, experienced a previously repressed memory of a severe childhood abuse issue and required further treatment. Two participants ended dysfunctional marriages within the three weeks post training with some resulting distress increase. Three people attested to becoming much more aware of lack of spiritual and relationship health in their lives. All of these admitted that they hadn't continued with self-practice of the FIT therapy. As the impact of the training and practice initiates a healing process, lives change. Sometimes in the process of change there can be a temporary increase of distress, having an effect on perceived distress.

Holistic Assessment Part 2

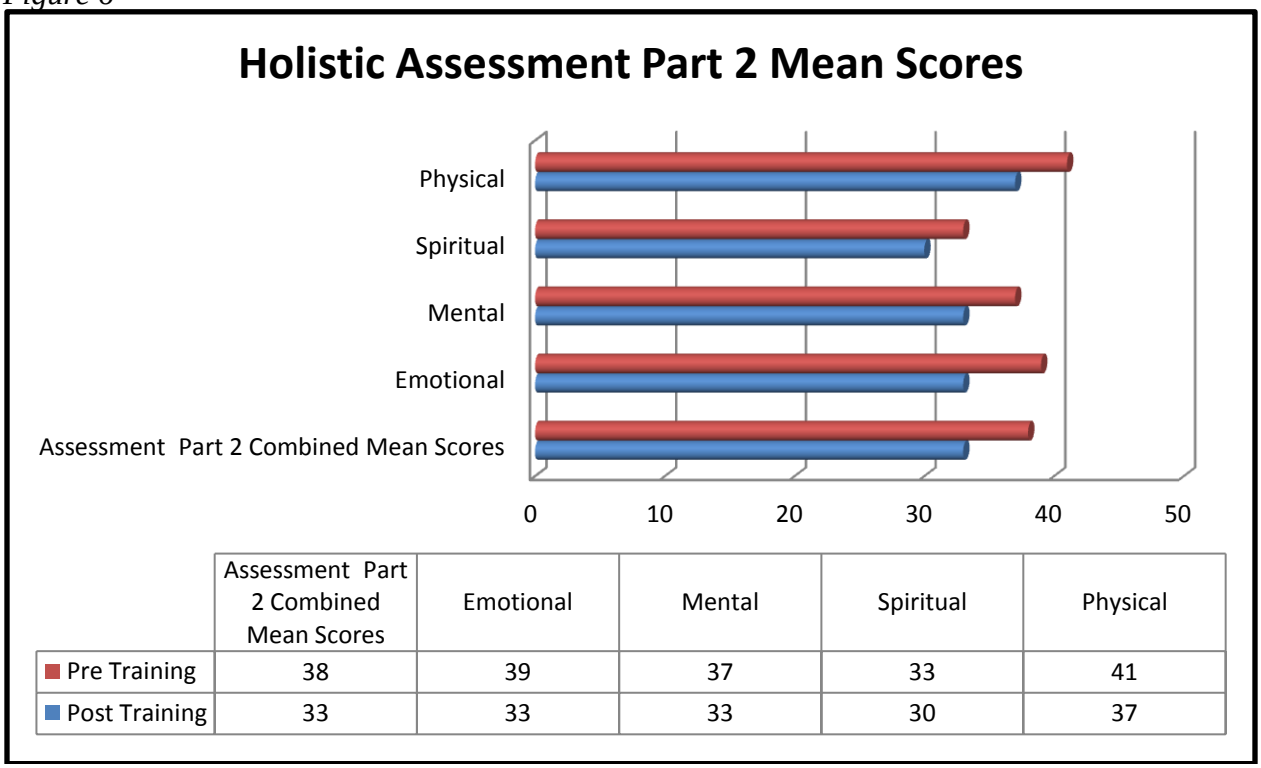
Part 2 of the Holistic Assessment (appendix 2) presented a mixture of fifteen sample states under each heading for rating on a scale of 1 – 5. The tool has a total score range of 60 – 300, a median of 180, with a comparative lower score indicating reduction in distress. Pre and post score ranges are more refined than with part 1 due to more items, and a more narrow scoring range. Participants repeated the questionnaire immediately before and a minimum of three weeks after the training.

Figure 5

Holistic Assessment Part 2 – score totals per participant.
T = Total M = Mean (average) % = Percent reduction - participant & group

	Physical		Spiritual		Mental		Emotional		Totals		Diff.	%
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post		
1	41	27	39	34	37	31	44	27	161	119	42	26
2	43	34	33	25	31	30	35	28	142	115	27	19
3	44	37	31	27	34	30	35	29	144	123	21	15
4	47	36	36	20	35	29	44	32	162	117	45	28
5	44	28	17	23	31	19	27	21	119	91	28	24
6	33	34	19	18	21	20	20	21	93	93	0	0
7	43	41	36	34	45	42	52	48	176	165	11	6
8	45	41	28	31	36	33	40	35	149	140	9	6
9	38	41	32	29	36	40	37	36	143	146	-3	0
10	39	38	32	34	36	38	40	33	147	143	4	3
11	33	32	27	29	30	32	36	35	126	128	-2	0
12	43	48	42	39	50	40	47	44	182	171	11	6
13	34	29	26	19	39	29	41	30	140	107	33	24
14	49	48	55	53	52	52	56	53	212	206	6	3
15	43	37	24	29	33	34	33	35	133	135	-2	0
16	40	39	39	38	44	27	43	37	166	151	15	9
17	42	33	40	30	41	34	38	27	161	114	47	29
18	33	36	40	26	34	28	31	27	138	117	21	15
T	734	659	596	538	665	588	699	598	2694	2381	313	213
M	41	37	33	30	37	33	39	33	150	132	17	11
%	10		9		12		14		11			

Figure 6



	Assessment Part 2 Combined Mean Scores	Emotional	Mental	Spiritual	Physical
Pre Training	38	39	37	33	41
Post Training	33	33	33	30	37

Assessment Part 2 Summary

While the percentage of distress reduction in the combined scores is at 11% (figure 5), as with part 1, this tool shows the similar pattern of the largest reduction of distress (14%) in the emotional group of questions. In part 1, the next greatest reduction was in spiritual issues, while here, at 12%, the mental issues showed greater reduction, followed by physical (10%) and last, spiritual at 9%.

A consideration accounting for the difference in reduction pattern might be that most people perceive mental issues as difficulties in their ability to think clearly. We may note how in Part 1many participants listed difficulties with forgetfulness and other memory problems as a personal issue. The questions about mental state in part 2 of the assessment are more descriptive of mental states or attitudes.

Total percentage reduction scores in Holistic Assessment Parts 1 and 2

Note: the physical health and social/environment scores from part 1 are combined, and numbers are rounded.

Figure 7 **Percentage Reduction Totals**

	Physical/social	**Spiritual**	**Mental**	**Emotional**	**Combined mean**
Part 1	36%	42%	37%	51%	41%
Part 2	10%	9%	12%	14%	11%
Combined mean reduction	23%	26%	25%	33%	**26%**

In figure 7 we see the combined reductions from parts 1 and 2 of the Holistic Assessment. The Focused Intention Technique training had the greatest impact on emotional states, while reduction in spiritual distress was second greatest.

It may be stated here, in considering many of the mainstream mental health approaches to reduction of distress in patients, such as medications and other established counselling therapies, that a 26% reduction in overall distress reduction after a two day training program is quite notable, particularly the fact that participants had learned to conduct the therapy with one another and for themselves, rather than requiring "professional" intervention.

HRV Pre and post testing results

Not all of the participants were available to attend for post HRV testing, particularly those who attended the training from another location. Of those who provided post HRV scores, the results are shown in figure 8.

In the writer's past experience with use of the HRV testing, the SDNN score would generally show improvement (a higher score) immediately after an energy therapy intervention. As post testing with this project occurred three weeks or more after the intervention, resulting

scores do not effectively correlate with the results of the holistic assessment. Indeed, the 20 year old participant who showed a 17.5 drop in the SDNN score also showed one of the highest scores in reduction of distress.

There are many known factors that affect the heart rate variability besides emotional distress. Reactions to environmental factors will vary from person to person. Smoking within the last hour will result in a lower score for some, while sensitivity to environmental factors such as scented products, cleaners, fabrics and pollutants will affect others to differing degrees. Licht (2009), reporting on a large scale study, describes a marked reduction in the SDNN scores in people who are taking antidepressant medications. Callahan (2001) has identified a great variety of environmental and food toxins that affect SDNN scores, and has developed intervening energy meridian treatments to alleviate their effects.

Unless post testing with HRV equipment is performed immediately after a FIT treatment, controlling for the multitude of outside variables, it proves unreliable as an assessment tool for this study.

Figure 8 **HRV Score Comparisons**

Age	Pre SDNN	Post SDNN	Diff
21	37.6	28	**-9.6**
45	43.1	41.9	**-1.2**
36	50.2	53.5	**3.3**
45	24.8	22.5	**-2.3**
52	37.5	38.5	**1**
47	25.6	32.6	**7**
58	25.9	26	**.1**
32	65.4	55.9	**-9.5**
54	58.5	44.4	**-14.1**

55	41.9	55.3	**14.4**
41	32.5	28.5	**-4**
20	65.8	48.3	**-17.5**
62	25.6	31.6	**6**
48	48.1	27.5	**-20.6**

Participant Post Training Comments

One verbal question was asked of participants during the post training interview: "What do you notice as the biggest difference in yourself since taking the training?" Below are the recorded comments.

"I'm not as shaky inside."

"I'm using it [FIT] as a tool to cope with my present situation."

"I feel like I'm getting stronger."

"I have more positive perceptions."

"I'm not as angry as before."

"It's been a lifesaver. I know I will never go into depression again."

"I feel much happier and more grateful for my life."

"I finally told ( ) about what happened to me." (This participant is speaking about a serious childhood issue for the first time in life and needed some additional therapeutic intervention after post assessment).

"My confidence improves with use of FIT"

"I feel so much better about people in my work place."

"My depression doesn't seem to be so bad now."

"I am more aware of what my body is doing and where I am feeling different emotions."

"Rather than just reacting, I take the time to approach situations from a heart-centered perspective."

"I am much calmer, operating on a more even field."

"I am much more aware of myself and how I feel."

"I'm more aware of my thoughts and reactions – a feeling of total self-control."

"It's hard to tell if there is any good change because my marriage issue is not resolved and getting more stressful."

"I'm still feeling tired and a little numb. I have much less reaction to stressful things."

"I feel really happy most of the time since the training."

"I don't feel so consumed by things."

"I trust myself more."

"I find that my Reiki energy is a lot more powerful."

"I am more relaxed when speaking about myself and interacting."

"I am thinking more positive."

"I have less worry about what I can't change. I am more accepting. I can't control what others do."

"I'm using the method a lot at work with my clients, but I sure wouldn't let my boss know that."

"I reinjured my arm, so my physical pain is worse."

"I am a lot calmer – I have peace of mind."

"I came to conclusions about some things and had the motivation to make positive changes in my life. Things are much better."

Conclusion

The *Focused Intention Technique* training program can be defined as non-formal training in that it is not compulsory for any given career path and the approach remains unrecognized, as with many other energy therapies, by government supported services. It also fits with the non-formal definition by Livingston (2001, p. 2) where learners voluntarily choose to gain further knowledge or skill "with a teacher who assists their self-determined interests by using an organized curriculum."

As such training generally requires no prerequisite knowledge students are attracted to energy therapies for their own personal use. More so, however, they may come from a socially structured helping profession such as health care or counselling, wishing to enhance their abilities to help others. Energy therapy training in general, while beginning to become more accepted as career enhancement in the helping field, can be considered an underground movement in an approach to health care that differs from training provided in institutionally structured and graded education programs.

This research group contained those individuals who work for social or health care systems and seek alternative and often more effective methods of helping their clients while sometimes needing to keep their use of such activities hidden from their employers. Of the individuals attracted to take part in this study, over half (51%) were in the helping or health profession, with their stated motivation being both personal and career oriented.

Focused Intention Technique borders on a spiritual approach to wellness and as such has retained some of the schema and perhaps similar attraction from historical roots of "commoner" spiritual healing activities. Feminist history speaks of the need to practice outside of mainstream

to avoid condemnation and punishment, much like traditional practices in First Nations history. This study confirms that the vast majority (17 of 18) participants are female, and that 50% are of Aboriginal ancestry. It may be construed that this program attracts members of social groups who have a history of oppression of their original healing practices.

Also notable is that of the 9 Aboriginal participants, 4 found the research project through word of mouth, rather than a direct electronic invitation. Their attraction to learn of an alternative method to healing may be explained as one participant commented, "I relate more to this kind of thing than to doctor's pills." It is a common viewpoint with Aboriginal people that mental health is more holistic and related to spirituality than what is practiced by conventional mental health approaches (Loppie Reading & Wien, 2009, p.3) (Mehl-Madrona & Pennycook, 2009, p. 92). There is also more association by Aboriginal people with the idea of the connectedness of everything, as indicated by Mehl-Madrona & Pennycook (2009) who describe the Aboriginal way of seeing.

> The important dimensions of "mind" exist between people as a function of interrelationship and, more generally, between a person and her environment or context. The dialogically structured mind does not exist merely during interaction between people, but continually and in relation to everything that is occurring around us.
>
> In this view it would indeed be a fallacy to disregard the importance of interrelations in the context of the happenings occurring in any given moment. This stands in stark contrast with the common experience of contemporary doctor-patient relations where the two parties meet for the shortest possible time and the doctor heals by using this time to decide which drug to prescribe. (Mehl-Madrona & Pennycook, 2009, p. 97)

The average age of participants is 44 years. Some traditional beliefs about aging point to the 40s as being a time of preparation for a stronger spiritual, rather than material set of values as one is moving toward an age of wisdom or 'Elder hood.' Noting the frequency of similar reported issues in figures 3 *a - e*, we see a pattern of the needs of mid-life women, which might

also be the basis for attraction to alternative healing approaches. Dr. Christiane Northrup, in *The Wisdom of Menopause* (2006) speaks of the struggles of many women as they experience brain and body changes that ultimately bring about heightened intuition and energy (pp 41-43).

> As a woman makes the transition to the second half of her life, she finds herself in a struggle not only with her aversion to conflict and confrontation, but also with the culture's view of how women "should" be. The body's inner wisdom gets its last, best chance of breaking through culturally erected barriers, while shining a light on aspects of a woman's life that need work. (p. 42)

In answer to the questions posed for this research we now know who is attracted to spending their own time and resources toward learning an alternative form of healing, as described above. We know that all participants carried expectations of self enhancement while 50% also sought career-skill enhancement. We can see by the reported numbers that knowledge and use of *Focused Intention Technique* does indeed facilitate positive change in emotions, attitudes, thoughts, behaviors, and physical states of users. We know as well that this particular approach is most effective on improvements in emotional distresses.

When we view transformative education as development of schema and skills that are alternative to the beliefs of others, creating new meanings which lead to a transformation of perspective, the FIT training project not only applies to this view in a social sense, but goes a step further. What is the root of social transformation but a change in a multitude of individuals? In this case, the statistics derived from willingness of participants to provide measurable feedback shows us that mental/emotional health improvement can be at once both profound and simple. Our reliance on the medical model for so many centuries blinds many to the possibility of ordinary people having the ability to overcome anxiety, depression, and other issues on their own with just a little training. Learning an energy therapy in one weekend has reduced

conscious and unconscious distress for a group of people by 26%. With habit of use over time, it might be surmised that reduction would be even greater.

With their newly developed perception of the existence and ease of working with energy, students are inspired to quickly move into practice, discovering their own abilities to affect positive change in themselves and others. On witnessing positive results firsthand, ideologies shift and students become more motivated to continue with training and teach others what they know. As more health and helping practitioners working within health institutions learn and use energy therapies in their work, their intentions will certainly influence and transform established beliefs. Hopefully, as FIT and other energy therapy education can transform individuals, it will soon truly transform all of our beliefs and abilities pertaining to wellness.

Hopefully this research project is part of a beginning. The small number of participants and the specifity of the learning curriculum cannot draw conclusive evidence of the positive impacts of all energy approaches to health, and in particular, mental health. It does, however, present exciting results that invite further research. According to this study, those individuals who embark on learning and using non-formal energy therapy approaches for themselves or for their helping profession are truthful in their appraisal of effectiveness. Perhaps soon their experiences can be more widely validated and accepted into conventional health systems.

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Appendix 1 - Registration Form

Assessing the Impacts of Focused Intention Technique
Registration/Consent

Participant Data

Participant name: _____ Desired class dates: _____

Birthdate: _____ Male___ Female ___

Phone 1: _____ Phone 2: _____ Email: _____

Address: _____

Highest level education completed: _____

Work position: _____ Location: _____

Marital/family status:_____

Reasons for interest in FIT training:

Personal:
_____
_____
_____

Professional:
_____
_____
_____

Previous alternative therapy training:
_____
_____
_____

Appendix 2 Holistic Assessment Parts 1 & 2

Part 1

Participant Code_____ Assessment date _____

Pre treatment __ Post treatment__ SDNN score_____

This assessment is used for monitoring treatments effectiveness. It is not intended as diagnosis

Known issues

Physical/health issues	Subjective units of distress (1: no distress; 10: overwhelming)
_____	___
_____	___
_____	___
_____	___

Physical/social issues	Subjective units of distress (1: no distress; 10: overwhelming)
_____	___
_____	___
_____	___
_____	___

Physical/environment tissues	Subjective units of distress (1: no distress; 10: overwhelming)
_____	___
_____	___
_____	___
_____	___

Spiritual/belief issues	Subjective units of distress (1: no distress; 10: overwhelming)
_____	___
_____	___
_____	___
_____	___

Mental/cognitive issues	Subjective units of distress (1: no distress; 10: overwhelming)
_____	___
_____	___
_____	___
_____	___

Emotional issues	Subjective units of distress (1: no distress; 10: overwhelming)
_____	___
_____	___
_____	___
_____	___

Part 2

For the following questions, considering your life in the last 3 months, answer the following by circling a number from one to five.

	Physical/social	Never	Rarely	Sometimes	Usually	Always
1	My body betrays me	1	2	3	4	5
2	I feel just as happy to be alone or with love ones	5	4	3	2	1
3	I have too much to do on a daily basis	1	2	3	4	5
4	I have just enough close friends	5	4	3	2	1
5	I am as healthy as I would like to be	5	4	3	2	1
6	I sleep well	5	4	3	2	1
7	I feel tired during the day	1	2	3	4	5
8	My body is full of aches and pains	1	2	3	4	5
9	I get migraines and/or other headaches	1	2	3	4	5
10	I like to keep myself in good physical shape	5	4	3	2	1
11	I appreciate my home	5	4	3	2	1
12	I eat a good selection of fruits, vegetables & whole grains	5	4	3	2	1
13	I take care of my home, keeping it clean and organized	5	4	3	2	1
14	My family members cause me stress	1	2	3	4	5
15	I use effective communication skills	5	4	3	2	1
	Add together all circled numbers for this section		**Total Physical:**			
	Spiritual	Never	Rarely	Sometimes	Usually	Always
16	I see a lot of beauty in the world	5	4	3	2	1
17	I believe that life is a struggle	1	2	3	4	5
18	I believe that I deserve to be loved	5	4	3	2	1
19	I feel a deep connection to the earth	5	4	3	2	1
20	I am supported by people who care about me	5	4	3	2	1
21	I consider love to be painful	1	2	3	4	5
22	It seems like there is an empty space inside me	1	2	3	4	5
23	It seems hard to feel connected to others	1	2	3	4	5
24	I believe that I am capable of creating a life that I want	5	4	3	2	1
25	I am lonely	1	2	3	4	5
26	I believe that there is always a source of help for me	5	4	3	2	1
27	I have a deep sense of purpose in my life	5	4	3	2	1
28	Most of my problems are beyond my control	1	2	3	4	5
29	I am still affected by a painful past	1	2	3	4	5
30	I seem to attract trouble	1	2	3	4	5
	Add together all circled numbers for this section		**Total Spiritual:**			

	Mental	Never	Rarely	Sometimes	Usually	Always
31	I think positive thoughts about myself	5	4	3	2	1
32	I worry about everyone that I care about	1	2	3	4	5
33	I imagine good things happening to me	5	4	3	2	1
34	I think negative thoughts about myself	1	2	3	4	5
35	I tend to be judgemental of others	1	2	3	4	5
36	I expect negative things to happen	1	2	3	4	5
37	It seems like my mind is foggy	1	2	3	4	5
38	I see mistakes as learning experiences	5	4	3	2	1
39	I don't like to remember a lot of past events	1	2	3	4	5
40	I enjoy books, songs, and movies that have deep meaning	5	4	3	2	1
41	I have clear happy memories of my childhood	5	4	3	2	1
42	I get negative thoughts that are hard to ignore	1	2	3	4	5
43	I am easily bored	1	2	3	4	5
44	I mostly trust people that I know	5	4	3	2	1
45	I trust myself	5	4	3	2	1
	Add together all circled numbers for this section		**Total Mental:**			
	Emotional	Never	Rarely	Sometimes	Usually	Always
46	I feel tense and/or anxious much of the time	1	2	3	4	5
47	I am afraid to let myself remember parts of my past	1	2	3	4	5
48	I feel confident in who I am	5	4	3	2	1
49	It is easy for me to fully love others	5	4	3	2	1
50	I feel sad	1	2	3	4	5
51	I feel afraid	1	2	3	4	5
52	I often wake up feeling upset	1	2	3	4	5
53	I can easily identify how my emotions affect my body	5	4	3	2	1
54	I feel relaxed	5	4	3	2	1
55	I am afraid of what my emotions might do if I let them out	1	2	3	4	5
56	I have upsetting dreams	1	2	3	4	5
57	I feel content with my life	5	4	3	2	1
58	When I get angry I lose control of my behaviour	1	2	3	4	5
59	I don't like to let others know how I really feel	1	2	3	4	5
60	I express my anger/hurt without hurting others	5	4	3	2	1
	Add together all circled numbers for this section		**Total Emotional:**			

Physical total: ___
Spiritual total: ___
Mental total: ___
Emotional total: ___

Overall Score: ____

Highest score: 300 Lowest score: 60