

**Body Harmonization<sup>©</sup>: Using Body Wisdom  
to Evaluate and Address Anxiety and Depression  
in a Select Group**

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Dissertation  
Submitted to the  
Holos University Graduate Seminary  
In partial fulfillment of the requirements  
For the degree of

**DOCTOR OF THEOLOGY**

## **DEDICATION**

*To*

***G. W. Harvey Steel, M.S., D.C.***

***October 1, 1939-April 9, 1997***

***“Remember, you’re not the One doin’ the work!”***  
~*Harvey Steel*

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The work reported in this dissertation is original and carried out by me solely, except for the acknowledged direction and assistance gratefully received from colleagues and mentors.

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Karin V. Cremasco

## ACKNOWLEDGEMENTS

It is my honour to walk with this supportive group, without whom I would not be where I am today:

**God**—for allowing me to come home to serve; for continuing to be there always and in all ways; and for finding me in the abyss; for allowing me to see that you are in each and every one of us. We are One.

**Harvey Steel**—for giving us back our health and our life, for teaching me to reach for the stars, that all things are possible when we come from our heart; for your continuing support for so many of us. Thank you Harvey, for teaching me your remarkable work and for letting me into your heart.

**David Eichler**—for your wonderful expertise and your ‘raise the bar’ standards, for your warmth and your gentle guidance towards excellence; for your friendship, support, and trust; for being the beacon of guidance in search of excellence as chair of my committee.

**Monika Eichler**—for being my angel of numbers; for expert, patient, gentle assistance to me; for midwifing my dissertation; for taking me safely where I have not been before and making it fun! For your support, confidence, trust in me and the work; for allowing me to feel I am a member of your family.

**Mei-fei Elrick**—for your wisdom offered at just the right moment; for your expertise and for serving on my committee; for your thorough editing of my dissertation, for your kind friendship; for believing in the work, and my ability to bring it forward.

**Evelyn Mackay**—for teaching me about angels, energy, and truth; for teaching me the difference between heal and cure; for showing me the blessings/gifts the dying offer; for being a living example of what you teach.

**Bev MacLean**—for being my dear friend; for teaching me to trust, to be open, to listen to the animals, and that we have many of the answers ourselves; for being there when I needed you!

**Andrea Mathieson**—for creating the Raven Essences, and their descriptions which seem to evolve into different perfect wisdom with every offering.

**Ann Nunley**—for being my mentor, for welcoming me into your Kansas home, for developing the remarkable tool of the Inner Counselor<sup>TM</sup> which changed my life, for teaching me to trust myself and know my limitations, for trusting me and teaching me, for showing me the teacher whom I aspire to be; for believing in the work I do and sharing it with so many; for trusting me with your work and with that which is most dear to you; for sharing “the boys” with me.

**BoB Nunley**—for being my mentor, for believing in my work and guiding me; for being my chair for my Ph.D., inspiring me to go where I had no idea I could; for teaching me how to connect with God and how to love, for realizing dreams with me, for helping me to rediscover music within me, for inspiration to do the impossible well, for teaching me to breathe and take in life to the fullest, for being my soul friend; for your guidance when I needed it most; for all of our connections at 333 levels.

**John Nunley**—Jock--for being my technical advisor and helping us to create a teaching manual so this work can be easily taught to many; for creating a template for Holos to make writing a dissertation fun; for helping and teaching me how to create a professional piece of work; for your support; for being my friend.

**Norm Shealy**—for being the frontier of Energy Medicine and founding the graduate programs in Greenwich and in Holos University Graduate Seminary; for inspiring me to focus; for sharing your brilliance with all of us; for helping me to reconstruct my spirituality from the bottom up so it is more solid than ever; for steadfastly standing by your truth; for embracing the spirituality of all humanity however we uniquely choose to embrace Divinity; for sharing the mandala with us; for the ordination by God.

**Larry Steel**—for being my dear friend, colleague, teacher, and healer; for carrying the torch of BOS™; for coming straight from the heart while doing amazing work; for believing in me and BES™; for being team teacher with me in ever expanding horizons!

**Martina Steiger**—for being my steadfast friend, healing facilitator, student, and faculty colleague; for allowing me to share your sacred journey with such confidence and trust; for sharing mine with you; for teaching me to find God in the abyss.

**Laurel Thom**--for teaching me unconditional love and supporting me so that I could grow into who I am, how to be there for others while looking after my inner child; for showing me how to have wings to fly and roots to grow; to be grounded.

**Berney Williams**—for teaching me what a true scholar is, for showing me the passion of knowledge, for being on my committee, for your expertise, and for supporting me with all your wisdom; for your laugh!

**Lori Wilson**—for teaching me to trust my inner wisdom, urging me forward to trust that I do know what I know; for supporting me; for being a mentor for teaching, for teaching me how to attend and stay out of the way.

**Lois Eveleigh** (BOS™ chiropractor), **Dr. Victor Frank** (TBM™), **Richard Gerber** (*Vibrational Medicine*) **Elmer Green** (Forefather of Energy Medicine), **Jeff Levin** (BAT™), **Dr. Daniel Monti** (NET™ Mind), **Dr. Doris Rapp** (Specialist in Environmental Medicine), **Drs. Debbie and Scott Walker** (NET™), **Irene Yaychak-Arabei** (Self Muscle Testing), **George Goodheart, H. Havlic, Jennifer Lamonica, B. J. Palmer, D.D. Palmer, Robert Ridler, Bob Warwick**,—for teaching the teachers; **Kimberley Brawley, RMT, Joel Falk, RMT, Dr. Russell Grabowski, D.C** (for tuning my body so I could type this dissertation.)

**My Students, Clients, Research Subjects, and Volunteers**—for trusting my work; for allowing me to walk with you on your sacred journey; for teaching me your wisdom.

**My dear husband, Steve**—for your gentle support, patience, common sense, and steadfast love; you are my solid foundation; for brightening my life with your wonderful sense of humour; for believing in what I am doing; for your acceptance of who I am; for providing so well for us; for lighting up my life.

**My daughter, Laura**—for blessing me with your life and your friendship; for your truthfulness; for being the tremendous teacher of love and wisdom, for special daughter/mom times; for lighting my life with your incredible art; for being you; for sharing your journey--for this, I am grateful.

**My son, Darryl**—for your joy, inspiration, and passion, for being who you are; for bringing me here; for teaching me how to take care of my hands; for the depth of your love and belief in my work; for staying true to who you are; for studying with me; for your careful editing; for your music that lights up my heart.

**My Parents**—for giving me life, and for teaching me to go for my dream, no matter what the odds; for teaching me to be the best I can be and accept nothing less; for being an example of faith which directed me to realize my connection to God; for all my life's lessons which helped me to grow into who I am.

**My Brothers, and all of my in-laws**—for supporting me each in your own way. Leif—for your editing!

**My Feline Friends**--Sassy, Guapita, and Yin—for boundless devotion and wise love; for teaching me about letting go; for keeping me company during the wee hours; for your gift of joy.

**My Teachers**—for all the difficult learnings I have had with you and for your courage and your struggle in gifting those experiences to me, so that I may learn to embrace my shadow. I would not be where I am without my experiences with you. Please accept my deepest gratitude.

**Christ/Christos/Kristus**—for through you we can do all things; **Laurel Keyes, Gandhi, Mother Theresa**, and all my **Guides and Angels**—for your continued guidance, protection, inspiration, assistance, and healing. You have orchestrated the coming home to serve. Accept my gratitude.

## **ABSTRACT**

### **“BODY HARMONIZATION<sup>©</sup>: USING BODY WISDOM TO EVALUATE AND ADDRESS ANXIETY AND DEPRESSION, IN A SELECT GROUP”**

This study examined changes in levels of anxiety and depression, using a selection of specific energy balancing techniques called Body Harmonization<sup>©</sup>. A protocol was followed for each individual using muscle testing (kinesiology). The study consisted of a 2-period, 2 intervention crossover design. In Period 1, the State-Trait Anxiety Inventory and the Zung Self-rating Depression Scale were administered to 86 subjects who had previous experience with a specific energy balancing technique. The dependant measurements were completed before and after the interventions, as well as one-week post-session. Group 1 received Intervention A, a Body Harmonization energy balancing session. Group 2 received Intervention B, an Education Session. After a six to ten month period, 74 subjects returned and the dependent measurements were once again completed. In Period 2, Group 1 received Intervention B, and Group 2 received Intervention A. Body Harmonization intervention yielded statistically significant differences in lowering state and trait anxiety, and depression. Body Harmonization scores were lower relative to Education Session scores for depression and remained stable over a period of at least 6 months ( $p<.001$ ). Additional findings also are presented. Implications and future research recommendations are included.

**Keywords:** body wisdom, energy balancing, Body Harmonization<sup>©</sup>, BOS<sup>TM</sup> (Biocomputer Operating System<sup>TM</sup>), BES<sup>TM</sup> (Biocomputer Emotional Spiritual<sup>TM</sup>) technique, Inner Counselor<sup>TM</sup>, TBM<sup>TM</sup> (Total Body Modification<sup>TM</sup>), BAT<sup>TM</sup> (Body Alignment Technique<sup>TM</sup>), STAI (State-Trait Anxiety Inventory), SDS (Self-rating Depression Scale)

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## ABBREVIATIONS

BAT <sup>TM</sup>	Body Alignment Technique <sup>TM</sup>
BES <sup>TM</sup>	Biocomputer Emotional Spiritual <sup>TM</sup> (technique)
BH <sup>©</sup>	Body Harmonization <sup>©</sup>
BOS <sup>TM</sup>	Biocomputer Operating System <sup>TM</sup>
EAR <sup>©</sup>	Energetic Anatomical Rebalancing <sup>©</sup>
CNS	Central Nervous System
ED	Education Session
GI	Gastro-intestinal
IC <sup>TM</sup>	Inner Counselor <sup>TM</sup>
ICP <sup>©</sup>	Inner Counselor Process <sup>TM</sup>
IER <sup>©</sup>	Integrated Energy Rebalancing <sup>©</sup>
NT's	Neurotransmitters
O <sub>1</sub> , O <sub>2</sub> etc.	Observation or Data Point 1, Data Point 2 etc.
One-week After BH	One week after Body Harmonization session
One-week After ED	One week after Education session
Pre-BH	Day Before Body Harmonization session
Pre-ED	Day Before Education Session
Post-BH	Evening After Body Harmonization session
Post-ED	Evening After Education Session
SDS	Self-Rating Depression Scale
STAI	State-Trait Anxiety Inventory
TBM <sup>TM</sup>	Total Body Modification <sup>TM</sup>

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*A Manual for Writers of Term Papers, Theses, and Dissertations: sixth edition*

By

Kate L. Turabian

## **CHAPTER 1: LITERATURE REVIEW AND PROBLEM OVERVIEW**

***“When all your energies are brought into harmony, your body flourishes.  
And when your body flourishes, your soul has a soil in which it can  
blossom in the world.***

***These are the ultimate reasons for energy medicine  
—to prepare the soil and nurture the blossom.”<sup>1</sup>***

*~Donna Eden*

### **Introduction and Statement of the Problem**

Mental health is crucial for each person to be an effective member of society, to interact fully with his or her family members, and to live a life that is meaningful. World wide reports indicate that an estimated 450 million people suffer from a mental or behavioural disorder.<sup>2</sup> “Major depression is now the leading cause of disability globally, and ranks fourth in the ten leading causes of the global burden of disease.”<sup>3</sup> The incidence of mental illness is a growing concern and is prevalent throughout the world.<sup>4</sup> Anxiety and depression are two forms of mental illness. The American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM IV-TR) categorizes disorders of mental illness as “Cognitive, Substance-Related, Psychotic, Mood (which includes Depression), Anxiety, Somatoform, Factitious,

Dissociative, Sexual and Gender Identity, Eating, Sleeping, Impulse Control, Adjustment, and Personality.”<sup>5</sup>

The present project focuses on a safe, efficient, cost-effective, and non-invasive approach which looks at causes of anxiety and depression in a select group in the normal population, to see if it may promote and maintain greater well-being.

### **Prevalence and Severity of Mental Illness**

Mental health is the “mind” in a balanced state. It is a part of the concept of ‘body-mind-spirit.’<sup>6</sup> The prevalence of mental illness as a part of ‘body-mind-spirit’ illness continues to be a growing concern throughout the world.<sup>7</sup> Globally, mental disorders ranked almost as high as cardiovascular diseases and respiratory diseases and surpassed all different types of cancer and HIV.<sup>8</sup> In the United States alone, much time is lost through the inability to work. Marcotte and Wilcox-Gok state, “5-6 million workers between ages 16-54 lose, fail to seek, or cannot find employment due to mental illness.”<sup>9</sup> Among those who do work, “mental illness decreases annual income between \$3,500. and \$6,000.”<sup>10</sup> In Ontario, Canada, twenty thousand adult residents were sampled to determine that 1 in 5 Ontarians between 15 and 64 years of age had at least one mental disorder.<sup>11</sup> In the United States, the cost of mental illnesses was estimated to be at least \$7.331 billion in 1993. In 1999, the estimated cost of the economic burden of anxiety disorders in America was \$42 billion per year. Thirty-one percent of this cost was for psychiatric treatment and two percent was for pharmaceutical prescriptions. Fifty-four percent was spent on non-psychiatric medical costs with the remaining cost associated with “mortality-related expenses” and lost productivity.<sup>12</sup> In the same year, 3.8% of all

admissions, in general hospitals (1.5 million hospital days) were due to anxiety disorders, major depression or other forms of mental illness in the U.S.<sup>13</sup>

### **Definition and Prevalence of Anxiety and Depression**

Anxiety and depression (using the DSM-IV-TR diagnostic criteria<sup>14</sup>) are the two types of mental illness examined in this dissertation. This section will review the literature to define and state the prevalence of depression and anxiety, the comorbidity between the two disorders, along with the incidence of depression in the ‘normal population.’

#### **Definitions**

##### Depression

There are several definitions for depression. DSM IV-TR, defines major depression as a “depressed mood” or “loss of interest or pleasure”. It states that three other symptoms from a list of nine must also be present. These include “weight loss or gain when not dieting, or change in appetite;” “insomnia or hypersomnia;” “fatigue;” “psychomotor agitation or retardation;” “feelings of worthlessness or guilt;” “diminished ability to think;” “recurrent thoughts of death,” present over a period of two weeks.<sup>15</sup> The DSM-IV lists another category for depression called “Depressive Disorder Not Otherwise Specified” which “includes episodes with fewer than five of the above list of symptoms for a two week period.”<sup>16</sup> Zung, who developed the Self-rating Depression Scale (SD) used in this research project, defined depression as:

“1) an affect which is a subjective feeling tone of short duration; or 2) a mood, which is a state sustained over a longer period of time; or 3) an emotion, which is compressed of the feeling tones along with objective indications; or 4) a disorder which has characteristic symptom clusters, complexes, or configurations.”<sup>17</sup>

Lichtenberg defined depression as “a manifestation of felt hopelessness regarding the attainment of goals when responsibility for the hopelessness is attributed to one’s defects.”<sup>18</sup>

### Anxiety

Anxiety can be defined simply as fear without a “specific conscious stimulus.”<sup>19</sup> There are several types of anxiety, “Generalized anxiety disorder, panic disorder, simple phobia, social anxiety disorder, obsessive-compulsive disorder, and posttraumatic stress disorder.”<sup>20</sup> According to the DSM IV-TR,

“General Anxiety Disorder is characterized by at least 6 months of persistent and excessive anxiety and worry, difficulty controlling the worry, with three of the following symptoms, restlessness, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, and sleep disturbances. The disturbance is not due to side effects of a substance, or a general medical condition...”<sup>21</sup>

Spielberger, the co-developer of the State-Trait Anxiety Inventory (STAI) instrument (the most popular measure of anxiety in recent research and the one used in this research,<sup>22</sup>) to measure anxiety, expands on Cattell’s theory<sup>23</sup> that there are two kinds of anxiety: state and trait. “Anxiety states are characterized by subjective feelings of tension, apprehension, nervousness, and worry, and by activation or arousal of the autonomic nervous system.”<sup>24</sup> State anxiety is very much determined by the current situation. “Trait anxiety refers to relatively stable individual differences in anxiety proneness, that is, to differences between people in the tendency to perceive stressful situations as dangerous or threatening and to respond to such situations with elevations in the intensity of their state anxiety reactions.”<sup>25</sup> Simply put, this is the level of anxiousness which a person generally feels on a day to day basis.

## Prevalence

The problem of depression and anxiety is prevalent worldwide. “In a large study by the World Health Organization, 11.7% of those sampled had a current depressive disorder while 10.2% had a current anxiety disorder.”<sup>26</sup> Lepine reports to the World Health Organization,

- Approximately 8% of adults will experience major depression at some time in their lives.
- The onset of mood disorders usually occurs during adolescence.
- Worldwide, major depression is the leading cause of years lived with disability, and the fourth cause of disability-adjusted life years.<sup>27</sup>

In Australia, “The most prevalent mental disorders in any one year include major depression, alcoholism, and generalized anxiety disorder. Estimates of the prevalence of anxiety and depression combined, vary from 15-30% of the population and between 20-30% of general practice patients.”<sup>28</sup>

Lepine cites the incidence of depression in Europe as being 17% (6.9% as major depression) in the general adult population.<sup>29</sup> In the United States, the DSM IV indicates “the life-time risk for Major Depressive Disorder in community samples has varied from 10% to 35% for women and from 5% to 12% for men.”<sup>30</sup>

Depression is a costly drain on society. In 1993, it was estimated that the cost to “business and health care” in United States alone was “almost \$20 billion for major depression.”<sup>31</sup>

Anxiety was noted as a separate condition by Freud after the beginning of the 1900s.<sup>32</sup> Health Canada quotes Offord’s findings, “Anxiety disorders are common among Canadians, causing not only a great deal of personal distress but also impairment of social and occupational functioning. The incidence of anxiety disorders is varied.

Bach indicates, “24.9% of all people develop a problem with anxiety at some point in their lifetime, particularly in women.”<sup>33</sup> Anxiety disorders affect 12% of the population, causing mild to severe impairment.”<sup>34</sup> The DSM-IV-TR cites the “1-year prevalence of Generalized Anxiety Disorder as 3% and the life-time prevalence rate as 5%”<sup>35</sup> in the United States. Wittchen found that “lifetime prevalence in the general population is estimated at 5% with as high as 10% among women age 40 years and above.”<sup>36</sup>

Unfortunately, many adults will not improve since they do not actively seek treatment. “...Many depressed adults and 70-80% of adolescents will never receive treatment.”<sup>37</sup> It is not even likely that those who have improved will stay well. For many individuals, depression is a disorder that will recur throughout life. It is estimated that “50% of individuals, who suffer from a major depressive episode, depression will recur.”<sup>38</sup>

There is also an impact on the offspring of depressed parents according to Weissman, in their “10-year follow-up, when the offspring were between the ages of 18-36. [They] found that, compared with the offspring for whom neither parent was depressed, the offspring of the depressed parents also had increased rates of major depression, ...phobias;...panic disorder; ... alcohol dependence; and greater social impairment.”<sup>39</sup>

## **Comorbidity**

The phenomenon of comorbidity is supported by the literature.<sup>40</sup> “Anxiety is commonly associated with some degree of depression and not infrequently anxiety develops in what was originally an essentially depressive disorder.”<sup>41</sup> The range of comorbidity varies widely in the literature. Lepine reports 54% having comorbidity for a

depressive episode with Generalized Anxiety Disorder.<sup>42</sup> Most patients who suffer from depression also have symptoms of anxiety in “96% of patients in ordinary clinical practice”, thus making comorbidity “extremely common.”<sup>43</sup> DSM-IV-TR lists “mixed anxiety-depressive disorder” as “clinically significant symptoms of anxiety and depression, but the criteria are not met for either a specific Mood Disorder or a specific Anxiety Disorder.”<sup>44</sup> “T [trait] and S [state] anxiety levels are highly correlated with the levels of depression [as measured by SDS].”<sup>45</sup> Subjects who are depressed and have higher anxiety ratings took longer to recover.<sup>46</sup>

### **Depression and Anxiety in the Normal Population**

This research project focuses on what the literature refers to as the “worried well.”<sup>47 48 49</sup> Normal is defined as being able to carry out “age-appropriate tasks (attending school, working at a job, keeping house) and in good physical health.<sup>50</sup> Zung indicates that the SDS score for the control group selected on the basis of being symptom free was 33,<sup>51</sup> and the normal SDS score for a randomly selected sample of normal adults ( $N = 261$ , ages 18 to 61 years old) was 39.<sup>52</sup> Mean state anxiety levels for the normal working adults using the STAI are 35.46 with a standard deviation of 10.51; and for college students was 37.62 (SD 10.99) as determined by Spielberger.<sup>53</sup> The national norms in United States for normal working adults for trait anxiety for working adults is 34.84 (SD 9.21) and for college students 39.35 (SD 9.67).<sup>54</sup> For those who are not at a place where they are able to function optimally, what are the current treatment options available in conventional therapies as well as those therapies which are complementary to conventional treatments? Both of these options are examined in the next sections.

## **Review of Conventional Therapies for Anxiety and Depression: Treatments and Efficacy of Treatments**

Health Canada states mental health can be treated using a variety of interventions and that most mental illnesses are treatable and that the treatments must take into consideration the complexity of their causes.

“Psychotherapy plays an important role as an intervention. It is helpful for depressed patients to learn how to improve coping strategies and lessen symptom distress. Psychotropic drugs are frequently prescribed as treatment since mental illnesses often involve disorders of brain functioning.<sup>55</sup>

Health Canada cautions, “However, there are side effects with medications and they only reduce or control the symptoms of the mental illness rather than clearing the cause.”<sup>56</sup> Despite the risk of side effects, psychotropic drugs are a significant part of the conventional model of treating mental illness. Both the psychotropic and the psychotherapeutic approaches will be examined.

### **Pharmacological Approaches**

“The power of this biochemistry cannot be ignored...Psychiatric science holds powerful tools of increasing precision and safety.”<sup>57</sup> Prescription medication is the most common form of conventional treatment for anxiety and depression because most people who experience problems with anxiety and depression present to their family doctor first.<sup>58</sup> The World Health Organization comments on the types of medications available,

“There are basically three classes of psychotropic drugs that target specific symptoms of mental disorders: anti-psychotics for psychotic symptoms; antidepressants for depression; anti-epileptics for epilepsy, and anxiolytics or tranquilizers for anxiety. Different types are used for drug-related and alcohol-related problems. It is important to remember that

these medicinal drugs address the symptoms of diseases, not the diseases themselves or their causes. The drugs are therefore not meant to cure the diseases, but rather to reduce or control their symptoms or to prevent relapse.”<sup>59</sup>

Zung stated “the treatment of choice for depressive disorders is antidepressant therapies.”<sup>60</sup> However, Goldberg found there is less of a difference in outcome in primary care depressions between placebo and active drug than among more severe forms of depression.<sup>61</sup> Not all researchers and clinicians agree that the pharmacological approach is sufficiently effective. Sixty-one out of 112 patients diagnosed with major depression either had no change or their depression worsened using anti-depressant therapy over the course of one year.<sup>62</sup>

Pharmaceuticals are effective in many cases but this efficacy comes at a cost. Side effects are numerous and can be serious. The individual’s responses to any particular drug are unpredictable despite the statistical predictability. “Even the best responses fade over time.”<sup>63</sup>

### Placebos

The power of the mind believing in the power of the drug raises the issue of the power of placebos. The effect of the placebo can account for as much at least 30% and up to as much as 75%, of the total response observer.<sup>64</sup> Benson identified three components to the placebo response:

- “Belief and expectancy on the part of the patient
- Belief and expectancy on the part of the caregiver [doctor]
- Belief and expectancy generated by the relationship between the patient and caregiver”<sup>65</sup>

Weil agreed with Benson by stressing the importance of placebo. “Weil urged us to accept and amplify the placebo response, not avoid and criticize it. The power of our

mind to heal ourselves or keep us ill cannot be ignored even from the most biochemical of perspectives.”<sup>66</sup>

### Psychotherapeutic Approaches

Like pharmaceutical therapies, “psychotherapies with totally different rationales have also been shown to be effective.”<sup>67</sup> Psychotherapy is a conventional approach, which is intended to assist the client to have a better understanding of him or herself, and of his or her relationships. Each of the psychotherapeutic approaches has underlying factors, which make it useful to the client’s healing of the mind. Some of the techniques included are psychoanalytical, cognitive/behavioural, humanistic, “cognitive restructuring, exposure, response blocking, and assertiveness training.”<sup>68</sup> These “common factors include the generation of hope, a shared belief system, and an emotionally charged, confiding relationship.”<sup>69</sup> The factors that appeared to be most helpful had more to do with the quality of the relationship between the client and the psychotherapist, than the technique used.<sup>70</sup> “Cognitive therapists assume challenging and changing the client’s irrational negative cognitions will produce significant changes in the way a client feels and acts.”<sup>71</sup> Arntz compared two types of therapy, Cognitive therapy (CT) and applied relaxation (AR) to treat generalized anxiety disorder (GAD) to confirm that “both CT and AR are effective treatments for GAD, and also that there is still room for improvement.”<sup>72</sup>

Psychotherapy can be conducted individually or as a group. Group therapy was found to be of help in improving symptoms of depression and self-esteem for adult survivors of childhood sexual abuse.<sup>73</sup> Group therapy was “significantly more effective than individual treatment alone on depression and anxiety.”<sup>74</sup>

There does not seem to be one answer to the question of how to treat anxiety and depression, however. Controlled research conducted by Arnow, found that “medication has been superior to psychotherapy, with limited evidence that combined treatment has advantages over medication or psychotherapy alone.”<sup>75</sup>

Psychotherapy takes time as indicated by Morrison. “...Successful cognitive-behavioural treatments typically take substantially longer than the 8-16 sessions characteristic of efficacy trials for these disorders.”<sup>76</sup> Seligman found that the longer respondents were in therapy (up to the two year mark), the more they felt an improvement in the problems that led them to therapy in the first place. However, “A comparison of people who had *over* two years of treatment and then ended therapy showed the same high improvement scores as those with over two years of treatment who were still in therapy”<sup>77</sup> which seemed to indicate that maximum benefit was reached after that period of time.

The difficulty with assessing the effectiveness of psychotherapy is that the research is done with carefully selected subjects in highly controlled settings. Persons and Silberschatz argue that using research to determine the effectiveness of psychotherapy may be limited for these reasons.<sup>78</sup> This is not what the psychotherapist does in his or her clinical practice. It is not known how many sessions are required for symptoms of depression or anxiety to diminish. Most patients have multiple problems. It is important that the whole patient be taken into account. It is important for the patient to feel “improvement in general functioning” as well as relief of presenting symptoms.<sup>79</sup>

“Even when it is treated, depression tends to recur.”<sup>80</sup> One fifth of those who have completed treatment will develop symptoms of depression once again six months

later, if no further treatment is undertaken. “One quarter will develop new symptoms of depression.”<sup>81</sup>

Psycho-pharmaceuticals and psychotherapy are valuable pieces to the puzzle of mental wellness. Moreover, they are often exactly, what may be necessary as interventions. Nevertheless, there are many who are not willing to deal with the side effects of medication. There are many who are in a state of mental imbalance with symptoms of depression, anxiety and other disorders, who need help, but are not seeking it. “The majority of people with psychiatric disorders receive no professional treatment and that fewer yet receive treatment in the mental health sector.”<sup>82</sup> The next section examines other methods that complement conventional treatments that also seem to have some effect.

### **Review of Complementary Approaches for Both Anxiety and Depression: Treatments and Efficacy of Treatments**

“There are many patients who are unwilling to take drugs for their depression, who will not persist with them because of the side effects.”<sup>83</sup> Complementary and alternative therapies are less well-known treatment and preventative measures for mental illness. There is a need for research in this area. Fontanarosa writes,

“Depression is one of the most common reasons for using complementary and alternative therapies. The amount of rigorous scientific data to support the efficacy of complementary therapies in the treatment for depression is extremely limited. The areas with the most evidence for beneficial effects are exercise, herbal therapy (*Hypericum perforatum*), and, to a lesser extent, acupuncture and relaxation therapies. There is a need for further research involving randomized controlled trials into the efficacy of complementary and alternative therapies in the treatment of depression.”<sup>84</sup>

St. John's wort from which *Hypericum* is extracted, had an effect that is comparable to the conventional antidepressants with significantly fewer side effects.<sup>85</sup> Current conventional treatments are not meeting all the needs of the sufferers of these conditions. They are largely based on clearing symptoms and not determining the reasons for the existence of the conditions of anxiety and depression in an individual.<sup>86</sup> Various therapies in the field of spiritual healing, also known as energy medicine, include energy therapies such as, Chinese medicine, electrotherapy, or variations of the relaxation response are complementary to the conventional model. Some of the available literature will be reviewed in the next section. Generally the opinion that is made in this field of complementary therapies is "practitioners of energy therapies assume that unblocking the flow of energy or chi should be the major focus of treatment and will produce significant improvement in other areas."<sup>87</sup>

### [Acupuncture](#)

According to the philosophy of Chinese medicine,<sup>88</sup> emotions that are not expressed verbally or through physical activity become "noxious, stagnant energy that is not circulating properly." because "all emotions are expressions of Qi," (universal life force energy "which represents the capacity of life to maintain and transform itself.) Chinese medicine defines health as a balance between "Yin" and "Yang" which are "two complementary forces that represent the totality of the dynamic equilibrium."<sup>89</sup> When Yin energy is out of balance, the individual experiences nervous agitation or anxiety. When Yang energy is blocked from flowing, then the individual feels hopeless and depressed. Different meridians are associated with different emotions.<sup>90</sup> Omura et al. found that

there were “high concentrations of neurotransmitters and hormones, (including Acetylcholine, Methionine-Enkephalin, Beta-Endorphin, ACTH, Secretin, Cholecystokinin, Norepinephrine, Serotonin, and GABA). Acupuncture treatment seems to release hormones and neurotransmitters in addition to blockages in the flow of Yin or Yang energy.<sup>91</sup>

Efficacy according to Allen and Schnyer was 71% of women experienced full remission of their symptoms compared to 21% in the waiting list control with specific acupuncture treatment. Karst et al. did not find any significant changes in the STAI scores in the treatment of alcohol withdrawal symptoms with acupuncture.<sup>92</sup>

### **Relaxation Response and Autogenic Training**

In response to the need for non-pharmacological treatments to manage stress, various types of self-induced, altered states of consciousness, such as Transcendental Meditation, became more popular in the 1970’s. Benefits were said to have been experienced mentally and physically. Benson’s hypothesis was that “an integrated central nervous system reaction, the ‘relaxation response,’ underlies this altered state of consciousness.”<sup>93</sup> This response decreases sympathetic nervous system activity and may increase parasympathetic activity and is a natural mechanism to deal with stress.<sup>94</sup> It is the counterpart of the fight or flight response.<sup>95</sup> There are several elements which are usually necessary for the relaxation response to occur: 1) a mental device such as a sound, word, or gazing at some object; 2) a passive attitude; 3) a relaxed position; 4) a quiet environment. This response was associated with all religious traditions including Christianity, Judaism, Sufism, and Buddhism.

“Autogenic Training is a technique of medical therapy, pioneered by Schultz, which is said to elicit the relaxation response. There are several exercises that are practised daily, which include focus on 1) heaviness in the limbs; 2) sensation of warmth in the limbs; 3) slower heartrate; 4) the breath passively; 5) warmth in abdomen; 6) coolness in forehead. All of these exercises are done with passive concentration.<sup>96</sup> It was shown to be helpful in reducing generalized anxiety when practiced regularly. It needs to be practised on a regular basis, thus motivation is necessary for its success.<sup>97</sup>

### [\*\*Therapeutic Touch<sup>TM</sup>\*\*](#)

Therapeutic Touch is well researched and demonstrates that it does significantly decrease State anxiety.<sup>98 99 100</sup> Commonly known as TT<sup>TM</sup>, it has been shown to reduce State anxiety using the relaxation response. Krieger describes the relaxation response in TT, “In the first phase of TT, the person in the role of healer “centers” himself or herself. The consciousness of the person intervening with TT is “meditative.” In this centered state the healer becomes aware of self as an open system of energies and concentrates attention on directing this energy to assist the person in need.”<sup>101</sup> The treatment in TT is done using the healer’s hands sweeping just above the body of the healee. Heidt found State anxiety was significantly reduced ( $p < .001$ ) in a sample of 90 male and female subjects between the ages of 21 and 65 receiving 5-minutes of Therapeutic Touch treatment at a cardiovascular hospital. The other interventions included ‘no-touch’ and ‘casual touch.’<sup>102</sup> (See [Table 22.](#)) Most of the research in anxiety and depression that has been done in TT was focused on State anxiety.

## **Electrotherapy: TENS**

There are various devices which can be classed as electrotherapy including, the Transcutaneous Electrical Nerve Stimulation (TENS) units such as the Liss Stimulator, Neuromoc, and SheLiTENS™. TENS units emit a current at a specific frequency which “have been most successful in transcranial applications, which increase beta endorphin and serotonin significantly and that are helpful when treating depression. Indeed this approach alone is more effective than any anti-depressant.”<sup>103</sup> Shealy cites, “Our experience with the Liss in well over 25,000 patients reveals that it addresses depression successfully in 50% of patients, far better and more safely than does any anti-depressant.” It does not have any side effects and is also applied to certain acupuncture points.

Shealy also introduced a multi-modal approach which included a program which consisted of 44 hours of “initial testing, education, music, photostimulation, and treatment over a two week period.” which was offered to 141 subjects. Shealy cited “84% of patients reported improvement in two weeks. The 3 month follow-up results were almost twice as good as could be expected with most anti-depressants, and without the side-effects.”<sup>104</sup>

## **Reiki**

There was little literature available on Reiki, a form of energy medicine. “One of the basic premises of Reiki is that there is a universal source of energy which impacts the physical, mental, emotional, and spiritual dimensions of human existence.”<sup>105</sup> Dressen completed a study which compared a group receiving Reiki with a group receiving Progressive Muscle Relaxation, a group that came to the office and read any material of their choosing, and as well as a group that received mimic or sham Reiki. Depression,

State and Trait anxiety were all improved at significant levels for the duration of the research. The study consisted of 10 sessions each lasting 30 minutes. There was no significance at the 3 month follow-up, thus the Reiki treatments did not have longevity. This study merits replication.

### **Body Wisdom**

Rather than a holistic approach, each of the conventional and complementary treatments looks at each subtle body level of functioning in isolation. Medications are directed at the physical level with the intention of relieving symptoms. Talk therapy focuses on the social, mental, and emotional aspects but does not take into account what is happening either in the physiology of the body or the person's spirituality. Spirituality, in the form of prayer, often looks at the helpful intent of appeasing the creator, without seeing the causes of the dis-ease that is occurring in the body. Even the complementary therapies do not take into account the multi-dimensional aspect of the human body and energy systems. It is easy to get too focused on details, so that one does not see the whole picture and do not take into account, the innate wisdom of the body. Shannon gives a beautiful account of the difference between knowledge and wisdom.

“Knowledge involves the accumulation of data. Knowledge is a linear approach that applies the left hemisphere style of cognition, which we often call logic. Wisdom involves a non-linear process in which we apply context to our knowledge. It involves the big picture, while de-emphasizing the small details. Knowledge tells us which chemotherapeutic agent is most effective against a specific cancer. Wisdom tells us when to stop treatment. Knowledge tells us which DSM-IV diagnosis an individual has. Wisdom tells us when to wait in silence during a conversation with a client. Wisdom comes from a more intuitive style of information processing that mirrors the mode of the right hemisphere.”

The true authority is the body, be it called the person's higher self, wise self, body wisdom, inner wisdom, ever-conscious, sub-conscious or the self-conscious.<sup>106</sup>

According to Palmer,

“The master maker of the human body did not create you and then run off and leave you masterless. He stayed on the job as Innate, as the Fellow within, as nerve transmission controlling every function of life, as Spirit from Above-Down, Inside-Out, expressing, creating, exploring, directing you in every field and phase of experience so that your home is truly the world and the world is your home.”

It is the intention of Body Harmonization<sup>©</sup>, the intervention which was used in this study, to access this wisdom. Using the answers received through muscle testing in Body Harmonization<sup>©</sup>, it is the body that directs how to reveal and rebalance the disturbances which are the energetic causes of physical, emotional, mental, and spiritual imbalances. (Body Harmonization<sup>©</sup> is a synthesis of techniques of various energy balancing and spiritual healing modalities with the main ones being Biocomputer Operating System<sup>™</sup> (BOS<sup>™</sup>)<sup>107</sup>, Biocomputer Emotional Spiritual<sup>™</sup> (BES<sup>™</sup>) technique,<sup>108</sup> and Inner Counselor<sup>™</sup>.<sup>109</sup> It also includes some Total Body Modification<sup>™</sup> (TBM<sup>™</sup>),<sup>110</sup> and Body Alignment Technique<sup>™</sup> (BAT<sup>™</sup>).<sup>111</sup> A thorough review of the Body Harmonization<sup>©</sup> conceptual construct is included in appendix A.

### **Etiology of Anxiety and Depression**

Gillham et al. note that preventing depression is an important goal.<sup>112</sup> The causes of anxiety and depression are varied. Health Canada says that the onset of most mental illnesses occurs during adolescence and young adulthood.<sup>113</sup> The World Health Organization supports the findings of Body Harmonization<sup>©</sup>, that there seem to be many

causes of physical, emotional, mental, and spiritual concerns. The World Health Organization writes,

“Finally, psychological science has shown that certain types of mental and behavioural disorders, such as anxiety and depression, can occur as the result of failing to cope adaptively to a stressful life event. Generally, people who try to avoid thinking about or dealing with stressors are more likely to develop anxiety or depression, whereas those who share their problems with others and attempt to find ways of managing stressors function better over time. This finding has prompted the development of interventions that consist of teaching coping skills.”<sup>114</sup>

“Mental health is as important as physical health to the overall well-being of individuals, societies and countries. Yet only a small minority of the 450 million people suffering from a mental or behavioural disorder are receiving treatment. Advances in neuroscience and behavioural medicine have shown that, like many physical illnesses, mental and behavioural disorders are the result of a complex interaction between biological, psychological, and social factors.”<sup>115</sup>

The etiology of depression is more heterogeneous than depression in younger adults. Deficiency of essential nutrients like folic acid and vitamin B12 is an obvious risk factor for both disorders with cognitive impairment and depression. Treatment of depression in the elderly follows the same lines as treatment of depression in younger patients. Many different drugs may be prescribed; however, the risk of adverse events is greater in the elderly. The drugs of choice are the selective serotonin re-uptake inhibitors (SSRIs), which have a response rate of around 65%. Emotional disturbances like irritability, aggressiveness, and anxiety also respond to treatment with SSRIs. A comprehensive treatment of LLD, which includes social and psychological support, has a response rate of 80-90%.<sup>116</sup>

“A more direct cause of major depression is self-treatment for anxiety with central nervous system (CNS) depressants such as alcohol. (Patients with anxiety disorders are twice as likely as non-anxious patients to abuse alcohol and other substances.) Psychological consequences of anxiety disorders frequently contribute to the development of depression. The negative expectations associated with chronic anxiety are not unlike those of depression, and patients who have learned to doubt their adaptive capacity may be particularly vulnerable to the kinds of blows to self-esteem that can precipitate depression. Realizing the degree to which anxiety has impaired functioning or the capacity for intimacy is demoralizing to many patients.”<sup>117</sup>

Briefly stated, some of the causes of mental illness include a complex interplay of genetic, biological, personality, and environmental factors.

### **Statement of the Problem**

An approach is needed which looks at causes of depression and anxiety, which provides a safe, efficient, non-invasive form of treatment effective in preventing and reducing the level of anxiety and depression, does not have damaging side effects, and is cost effective, teachable, and has longevity.

### **Purpose of This Research Project**

The purpose of this research project is to examine the measured changes over time in general well-being (specifically, the emotional levels of anxiety and depression) using the intervention of Body Harmonization<sup>©</sup> techniques.

### **Hypothesis**

The measurable levels of anxiety and depression in the subjects receiving Body Harmonization<sup>©</sup> as an intervention, will decrease significantly as determined by the STAI and SDS scores.

### **Null Hypothesis**

The measurable levels of anxiety and depression of the subjects receiving Body Harmonization<sup>©</sup> as an intervention will not change as determined by the STAI and SDS scores.

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#### CHAPTER 1 Endnotes

<sup>1</sup> Donna Eden, *Energy Medicine, Balance Your Energies for Optimum Health, Joy, and Vitality*. New York: Putnam Press, 1999, 20.

<sup>2</sup> J.P. Lepine, "Epidemiology, burden and disability in depression," *Journal of Clinical Psychiatry*, volume 62 Suppl 13 (2001):4.

<sup>3</sup> Ibid.

<sup>4</sup> The World Health Organization, *The World Health Report 2001: "New understanding: new hope*, Chapter 3. Solving mental health problems, available from <http://www.who.int/whr2001/main/en/contents.html>, accessed 9 February 2003.

<sup>5</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, DSM IV, APA, Washington, D.C., 1994, vi-vii.

<sup>6</sup> Ken Wilber, *Integral Psychology: Consciousness, Spirit, Psychology, and Therapy*, Boston: Shambhala, 2000, 1.

<sup>7</sup> J.P. Lepine, "Epidemiology, burden and disability in depression." *Journal of Clinical Psychiatry*, volume 62 Suppl 13 (2001):4.

<sup>8</sup> T. Bedirhan Ustin, "The Global Burden of Mental Disorders," *American Journal of Public Health*, Vol. 89, No. 9 (September 1999): 1315.

<sup>9</sup> David E. Marcotte and V. Wilcox-Gok. "Estimating the employment and earnings costs of mental illness: recent developments in the United States." *Social Science Medicine*. (Jul 2001): 53(1):21, 7.

<sup>10</sup> Ibid.

<sup>11</sup> David R. Offord, and M.H. Boyle, D. Campbell, P. Goering, E. Lin, M. Wong et al. "One-year prevalence of psychiatric disorder in Ontarians 15 to 64 years of age." *Canadian Journal of Psychiatry* 41 (1996): 559.

<sup>12</sup> P. Greenberg, T. Sisitsky, R. Kessler et al., "The Economic Burden of anxiety disorders in the 1990's," *Jounal of Clinical Psychiatry*, 60 (7) (1999): 427-35, quoted by T.A. Pigott, "Anxiety disorders in women," *Psychiatric Clinics of North America*. 26 (2003): 623.

<sup>13</sup> R.C. Kessler, Z. Ahangang, "The prevalence of mental illness," quoted in A. V. Horwitz, T. L. Sheid, ed., *A Handbook for the Study of Mental Health - Social Context, Theories and Systems*, (Ch. 3), (Cambridge: University Press, 1999).

<sup>14</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, DSM IV, APA, Washington, D.C., 1994.

<sup>15</sup> Ibid., DSM IV, 356.

<sup>16</sup> Ibid., DSM IV-TR, 381.

<sup>17</sup> William W. K. Zung, "From art to science: the diagnosis and treatment of depression," *Archives of General Psychiatry* 29 (1973): 330.

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<sup>18</sup> Philip Lichtenberg, “A definition and analysis of depression,” *Archives of Neurology and Psychiatry* 77 (1957): 519.

<sup>19</sup> Daniel Eastman, “What is anxiety?” *Complex: the magazine of psychoanalysis and society*. No. 6, (1951): 40.

<sup>20</sup> Teresa Pigott, “Anxiety disorders in women.” *Psychiatric Clinics of North America*. 26 (2003): 621-672.

<sup>21</sup> Ibid., DSM-IV-TR, 476.

<sup>22</sup> Piotorwski C.J., “The status of the Beck Anxiety Inventory in contemporary research,” *Psychological Reports*, 85(1999), 261, as quoted by C.J. Beuke et al. “Anxiety and depression: why and how to measure their separate effects,” *Clinical Psychological Review*, 23 (2003): 837.

<sup>23</sup> R. B. Cattell, “Patterns of change: Measurement in relation to state dimension, trait change, lability, and process concepts” *Handbook of Multivariate Experimental Psychology*. Quoted in Charles D. Spielberger, *State-Trait Anxiety (FormY) Manual* (Redwood City, California 1983), 4.

<sup>24</sup> Ibid., Spielberger, 4.

<sup>25</sup> Ibid., Spielberger, 5.

<sup>26</sup> Ibid., Lepine, 4.

<sup>27</sup> Ibid.

<sup>28</sup> The Public Health Association of Australia “Mental Health” [data-base online] Website: <http://www.phaa.net.au/policy/disorders.htm>; Internet; accessed February 9, 2003.

<sup>29</sup> J. P. Lepine, P., M. Gaspar, J. Mendlewicz, and A. Tylee, “Depression in the community: the first pan-European study DEPRES (Depression Research in European Society), *International Clinical Psychopharmacology*, Vol 12(1) (Jan 1997):19.

<sup>30</sup> Ibid., DSM-IV-TR, 372.

<sup>31</sup> Jane E. Gillham, Andrew J. Shatte, and Derek R. Freres, “Preventing depression: A review of cognitive-behavioral and family interventions,” *Applied and Preventative Psychology* 9(2) (2000): 64.

<sup>32</sup> Charles D. Spielberger, *State-Trait Anxiety (FormY) Manual* (Redwood City, California 1983), 4.

<sup>33</sup> Amy K. Bach, Risa B. Weisberg, and David H. Barlow, “Anxiety Disorders,” in *Behavioural Medicine & Women*, edited by Elaine A. Blechman and Kelly D. Brownell, New York: The Guilford Press, 1998, 731.

<sup>34</sup>Ibid., Offord, 559.

<sup>35</sup> Ibid., DSM-VI-TR, 474.

<sup>36</sup> Hans Wittchen, “Generalized anxiety disorder: nature and course,” *Journal of Clinical Psychiatric* 2 Supplement, 11 (2001): 15.

<sup>37</sup> Hirschfield, et al., “The National Depressive and Manic-Depressive Association consensus statement of the undertreatment of depression,” *Journal of American Medical Association*, (1997): 277,

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333 and Rohde, P. et al., “Comorbidity of unipolar depression: II; Comorbidity with other mental disorders in adolescents and adults.” *Journal of Abnormal Psychology*, (1991): 100 214; as reported by Jane E. Gillham, Andrew J. Shatte, and Derek R. Freres. “Preventing depression: A review of cognitive-behavioral and family interventions.” *Applied and Preventative Psychology* 9(2) (2000): 64.

<sup>38</sup> Ibid.

<sup>39</sup> Myrna M. Weissman, and Peter Jensen. “What research suggests for depressed women with children.” *Journal of Clinical Psychiatry* Vol 63(7), (Jul 2002): 642.

<sup>40</sup> David Goldberg, “The management of anxious depression in primary care.” *Journal of Clinical Psychiatry*. (1999):60, 39.

<sup>41</sup> William W. K. Zung, Kathryn Magruder-Habib, Ramon Velez, and Wendy Alling, “The Comorbidity of Anxiety and Depression in General Medical Patients: a longitudinal study,” *Journal of Clinical Psychiatry* 61:6 (1990): 77.

<sup>42</sup> Ibid. Lepine, J.P. “Epidemiology, burden and disability in depression.” *Journal of Clinical Psychiatry*, volume 62 Suppl 13 (2001):6.

<sup>43</sup> Jeremy D. Coplan, and Jack Gorman, “Treatment of anxiety disorders in patients with mood disorders,” *Journal of Clinical Psychiatry*, 51:10(suppl): October 1990, 9.

<sup>44</sup> Ibid., DSM-VI-TR, 484.

<sup>45</sup> Ibid., Kanedal 7.

<sup>46</sup> P.J. Clayton, Wm. Grove, W. Coryell, M. Keller, R. Hirschfeld, J. Fawcett. “Follow-up and family study of anxious depression.” *American Journal of Psychiatry*. 148(11) (Nov1991) 1512.

<sup>47</sup> F. Diamond, “How to manage the worried well.” *Managed Care* 12(6) (Jun 2003): 20.

<sup>48</sup> J. Daniels, J. Hazzard, and T. Campbell. “CT scans for the worried well.” *Advanced Nursing Practice*. 10(5) (May 2002): 39.

<sup>49</sup> J. Michael Pontious, “Understanding the “Worried Well,” *The Journal of Family Practice*, Vol. 51, No. 1, (Jan 2002): 24.

<sup>50</sup> William W. K. Zung, “From art to science: the diagnosis and treatment of depression.” *Archives of General Psychiatry*. 29 (1973): 335.

<sup>51</sup> William W. K. Zung, “A Self-Rating Depression Scale,” *Archives of General Psychiatry*, Vol. 12. (Jan 1965): 67.

<sup>52</sup> William W. K. Zung, “Depression in the normal population.” *Psychosomatics*. 12 (3) (May 1971): 165.

<sup>53</sup> Ibid., Spielberger, 13.

<sup>54</sup> Ibid.

<sup>55</sup> Health Canada: *A Report on Mental Illnesses* available from <http://www.hc-sc.gc.ca>, accessed on 9 February 2003.

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<sup>56</sup> Ibid. Health Canada: A *Report on Mental Illnesses* available from <http://www.hc-sc.gc.ca>, accessed on 9 February 2003.

<sup>57</sup> Scott Shannon, Editor, *Handbook of Complementary and Alternative Therapies in Mental Health*, San Diego, CA: Academic Press, 2002, 5.

<sup>58</sup> Ibid., Offord, 658.

<sup>59</sup> World Health Organization, Chapter 3 *Solving Mental Health Problems*, accessed on February 16, 2003.

<sup>60</sup> Ibid. Zung, "The Comorbidity of Anxiety and Depression..." 80.

<sup>61</sup> Ibid. David Goldberg, "The management of anxious depression in primary care," *Journal of Clinical Psychiatry*, 60(suppl 7) (1999): 39.

<sup>62</sup> William W.K. Zung et al. "Kathryn Magruder-Habib, Ramon Velez, and Wendy Alling, "The comorbidity of anxiety and depression in general medical patients: a longitudinal study," *Journal of Clinical Psychiatry* 61:6 (1990): 77.

<sup>63</sup> Ibid. Shannon, 6.

<sup>64</sup> Herbert Benson, *Timeless Healing*, New York: Simon & Schuster, 1996; quoted in *Complementary and Alternative Therapies in Mental Health*, Scott Shannon, Editor, San Diego, CA: Academic Press, 2002, 5.

<sup>65</sup> Ibid., Benson; quoted in Shannon.

<sup>66</sup> Andrew Weil, *Spontaneous Healing*, New York: Alfred A. Knopf, 1995; quoted in Shannon, *Handbook*, 5.

<sup>67</sup> David Goldberg, "The management of anxious depression in primary care." *Journal of Clinical Psychiatry*. (1999):60, 40.

<sup>68</sup> Ibid., Coplan and Gorman, 11.

<sup>69</sup> Ibid., Shannon, 4.

<sup>70</sup> Ibid.

<sup>71</sup> Ibid., Shannon, 312.

<sup>72</sup> A. Arntz, "Cognitive therapy versus applied relaxation as treatment of generalized anxiety disorder." *Behaviour Research and Therapy*. Vol 41 (6) (June 2003): 633-646.

<sup>73</sup> C.M. Carver, C. Stalker, E. Stewart, and B. Abraham, "The impact of group therapy for adult survivors of childhood sexual abuse," *Canadian Journal of Psychiatry*, 34(8)(Nov 1989): 753.

<sup>74</sup> Elizabeth Westbury and Leslie M. Tutty, "The efficacy of group treatment for survivors of childhood abuse," *Child Abuse & Neglect*, 23(1)(January 1999): 31.

<sup>75</sup> B.A. Arnow, "Effectiveness of psychotherapy and combination treatment for chronic depression." *Journal of Clinical Psychology*, 59(8)(Aug 2003): 893.

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<sup>76</sup> K.H. Morrison, R. Bradley, and D. Westen, “The external validity of controlled clinical trials of psychotherapy for depression and anxiety: a naturalistic study.” *Psychological Psychotherapy*, 76(Pt 2)(Jun 2003):109-32.

<sup>77</sup> Marjorie E.P. Seligman, “The effectiveness of psychotherapy: the Consumer Reports Study,” *American Psychologist*, 50(12)(December 1995): 975.

<sup>78</sup> Jacqueline B. Persons and George Silberschatz. Chapter 23: “Are results of randomized controlled trials useful to psychotherapists?” *Methodological Issues & Strategies in Clinical Research*, Third Edition. Edited by Alan E. Kazdin, 2003. American Psychological Association, Washington, D.C.

<sup>79</sup> Ibid., Seligman, 967-8.

<sup>80</sup> J.B. Allen, and Rosa N. Schnyer, “Depression and Acupuncture,” in *Behavioural Medicine & Women: a comprehensive handbook* edited by Elaine A. Blechman and Kelly D. Brownell, New York: The Guilford Press, 1998, 765.

<sup>81</sup> Ibid., J. B. Allen, 765.

<sup>82</sup> Ronald Kessler, Katherine McGonagle, Shanyang Zhao, Christopher Nelson, Michael Hughes, Suzann Eshleman, Hans-Ulrich Wittchen, Kenneth Kendler, “Lifetime and 12 month prevalence of DSM-III-R psychiatric disorders in the United States,” *Archives of General Psychiatry*, 51(1994) 17.

<sup>83</sup> David Goldberg, “The management of anxious depression in primary care,” *Journal of Clinical Psychiatry*, 60(suppl 7) (1999): 41.

<sup>84</sup> Edzard Ernst, Julia I. Rand, and Clare Stevison, “Complementary therapies for depression: an overview,” ed. Phil B. Fontanarosa, *Alternative Medicine: An Objective Assessment* (Chicago: American Medical Association, 2000): 172.

<sup>85</sup> Ibid., Goldberg, 39.

<sup>86</sup> Ibid. Health Canada: *A Report on Mental Illnesses* available from <http://www.hc-sc.gc.ca>, accessed on 9 February 2003.

<sup>87</sup> Ibid., Shannon 312.

<sup>88</sup> Kaptchuk, Ted J., *The Web That Has No Weaver: Understanding Chinese Medicine*. Chicago: Contemporary Publishing Group, 2000, 158.

<sup>89</sup> Ibid., Kaptchuk, 43.

<sup>90</sup> Ibid., Kaptchuk, 158.

<sup>91</sup> Y. Omura, “Connections found between each meridian (heart, stomach, triple burner, etc.) and organ representation area of corresponding internal organs in each side of the cerebral cortex; release of common neurotransmitters and hormones unique to each meridian and corresponding acupuncture point and internal organ after acupuncture, electrical stimulation, mechanical stimulation (including shiatsu), soft laser stimulation or Qigong,” *Acupuncture Electrotherapeutics International Journal*, (a), 14 (1990): 155.

<sup>92</sup> Matthias Karst, Torsten Passie, Steffen Friedrich, Birgitt Wiese and Udo Schneider, “Acupuncture in the treatment of alcohol withdrawal symptoms: a randomized, placebo-controlled inpatient study,” *Addiction Biology*, 7 (2002): 415-416.

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<sup>93</sup> Herbert Benson, John F. Beary, and Mark P. Carol, "The relaxation response," *Psychiatry*. (February 1974): Vol. 37, 37.

<sup>94</sup> Ibid.

<sup>95</sup> Hans Selye, *Stress Without Distress*, New York: Lippincott, 1974, 17.

<sup>96</sup> Benson, "The Relaxation Response," 43.

<sup>97</sup> W. Linden, "Autogenic training: A narrative and quantitative review of clinical outcome," *Biofeedback and Self-Regulation*, (1994), Vol. 19, No. 3.

<sup>98</sup> Simington, Jane A., and Gail P. Laing. "Effects of Therapeutic Touch on anxiety in the institutionalized elderly." *Clinical Nursing Research*. (1993): 2(4): 438-450.

<sup>99</sup> Gagne, Deborah, and Richard C. Toye. "The effects of Therapeutic Touch and relaxation therapy in reducing anxiety." *Archives of Nursing* (1994): 8(3):184-189.

<sup>100</sup> Kramer, Nancy Ann. "Comparison of Therapeutic Touch and casual touch in stress reduction of hospitalized children," *Pediatric Nursing* 1990, 16(5): 483-485.

<sup>101</sup> Delores Kreiger, as quoted by Patricia Heidt, in "Effects of Therapeutic Touch on the Anxiety Level of Hospitalized Patient." *Nursing Research* (1981): 30, 32.

<sup>102</sup> Patricia Heidt, "Effects of Therapeutic Touch on the Anxiety Level of Hospitalized Patient." *Nursing Research* (1981): 30, 32.

<sup>103</sup> C. Norman Shealy, Transcutaneous Electrical Nerve Stimulation: the treatment of choice for pain and depression," *The Journal of Alternative and Complementary Medicine*, Vol. 9, No. 5 (2003): 620.

<sup>104</sup> Ibid.

<sup>105</sup> Linda Dressen, and Sangeeta Singg, "Effects of Reiki on pain and selected affective and personality variables of chronically ill patients," *Subtle Energies* (1998): 9(1), 53, 68-70.

<sup>106</sup> Ann Nunley, *Inner Counselor: An Intuitive Guide for Life's Journey*, (Pittsburgh: Sterling House, 1998), 261.

<sup>107</sup> Note: Biocomputer Operating System™ (BOS™) was co-developed by Larry Steel [www.steelhealthcentre.com](http://www.steelhealthcentre.com) and his late father, chiropractor, Dr. Harvey Steel. It has its base in Chinese Medicine, Total Body Modification™ (TBM™) [www.tbmseminars.com](http://www.tbmseminars.com), developed by Dr. Victor Frank; and Applied Kinesiology™ (AK™) founded by George Goodheart; and Concept Therapy. BOS™ is especially effective in balancing the energy fields using anatomical body points and "filters" as entry points through extremely time efficient and effective methods.

<sup>107</sup> Body Alignment Technique™ (BAT™) was developed by Jeff Levin. Further information can be obtained from the book, *Body Alignment Technique: A Practical System for Transformation and Healing* by Jeff Levin, Orillia, Ontario: Natural Health Institute Press: 1994. Details about training can be obtained from the website at [www.bodyalign.com](http://www.bodyalign.com).

<sup>107</sup> G. H. Goodheart, "Applied kinesiology and dentistry," *Basal Facts* 9 (1964): 69, quoted in Kristopher B. Peterson, in *Journal of Manipulative and Physiological Therapeutics* 19, (1996), 310.

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<sup>108</sup> Biocomputer Emotional Spiritual™BEST™) developed by Karin Cremasco. Training information can be obtained at Holos University Graduate Seminary [www.hugs-edu.org](http://www.hugs-edu.org). Biocomputer Emotional Spiritual™(BES™) technique evolved from BOST™ with the author, who brought emotional and spiritual menu items. BES™ in addition to original concepts, incorporates techniques from Body Alignment Technique™ (BAT™) [www.bodyalign.com](http://www.bodyalign.com), developed by Jeff Levin; and Inner Counselor™ [www.innercounselor.com](http://www.innercounselor.com), by Ann Nunley.

<sup>109</sup> Inner Counselor was developed by Drs. Ann and Bob Nunley [www.innercounselor.com](http://www.innercounselor.com).

<sup>110</sup> Total Body Modification™ (TBM™) developed by Dr. Victor Frank. Further information as well as training information can be obtained from website: [www.tbmseminars.com](http://www.tbmseminars.com).

<sup>111</sup> Body Alignment Technique™ (BAT™) [www.bodyalign.com](http://www.bodyalign.com), was developed by Jeff Levin.

<sup>112</sup> Gillham, 63.

<sup>113</sup> Ibid., Offord, 559.

<sup>114</sup> World Health Organization, chapter 1: Psychological Factors.

<sup>115</sup> Ibid.

<sup>116</sup> Ibid., Gottfries, *European Archives of Psychiatry & Clinical Neuroscience*, 251(8), (2001): 1157.

<sup>117</sup> Steven Dubovsky, “Understanding and Treating Depression in Anxious Patients,” *Journal of Clinical Psychiatry*, 51:10 suppl. (October 1990): 4.

## **CHAPTER 2: METHODS**

***"If I had a plate of cookies, would I be afraid to serve them?***

***God made the cookies and all I have to do is serve them."***

*~Laurel Keyes*

### **Research Design**

The study consisted of a 2-period, 2 intervention crossover design. In Period 1, 86 subjects who had previous experience with a specific energy balancing technique were divided into two groups. Group 1 received Intervention A, a Body Harmonization<sup>©</sup> energy balancing session, according to the procedure of manual muscle testing. A decision tree in the form of a flow chart (Figure 5) serves as a guide and forms the basis of the conceptual model for this dissertation. It provides a map as a framework for the body, to show the practitioner which energy balancing technique is indicated. The technique used is determined from the congruent and non-congruent answers obtained from muscle testing the subject's arm. (Note: the terms 'energy,' 'energetic,' and 'energetically' refer to the human subtle magnetic life energy field or the subtle bioenergies.)<sup>1</sup>

Group 2 received Intervention B, an Education Session. After a six to ten month period, 74 subjects returned and the dependent measurements were once again completed. In Period 2, Group 1 received Intervention B, the Education Session, and Group 2 received Intervention A, the Body Harmonization<sup>©</sup> energy balancing session. Both groups of subjects were assessed in a pre-post, group design, with a one-week, post-intervention probe<sup>2</sup> during each period. A ‘true’ control group was not utilized. There were several interventions:

- a) Information was given to the subjects during the Education Sessions.
- b) The Education Session group and the Body Harmonization<sup>©</sup> group were both interviewed. The subjects commented on how they were feeling to establish a baseline which consisted of a list of concerns drawn up and rated on a scale of one to ten.
- c) Each subject in both the Education Session and Body Harmonization<sup>©</sup> groups set a goal of intent.
- d) Education Session group subjects took part in a demonstration wherein each subject was asked to think neutral, happy, sad, and once again, neutral thoughts, while the principal investigator used dowsing rods to indicate the size of each subject’s energy field. The principal investigator held the dowsing rods still and level, stood 10-feet away from the subject. She then approached the subject slowly, holding the rods steady. As she approached the subject, the rods crossed. When the subject thought sad thoughts, the rods crossed closer to the subject the when he or she thought happy thoughts. (See appendix G1.)

e) In Period 2, each subject in the Education Session group heard about the balances that had been done for his or her personal Body Harmonization© session six to ten months previous.

f) Education Session group subjects experienced muscle testing briefly.

g) Education Session group subjects lay on a massage table briefly.

The intent of the research design was to give the Education Session group an experience as similar to the Body Harmonization© group as possible, with the exception of receiving the Body Harmonization© intervention. This was done for three reasons:

a) The investigator felt she needed to offer the quasi-control group something for their time and effort so the Education Session was developed. (Thus, the research evolved into a crossover research project with Period 2 beginning in May 2003, when the subjects who received the Intervention A, the Body Harmonization© session, were offered Intervention B, an Education Session. The subjects who received the Education Session were offered the Body Harmonization© session, Intervention A.)

b) If being in a warm, caring, environment, speaking for one hour with an empathetic listener, and setting intent, was only experienced by the group receiving Body Harmonization©, then it could be assumed that any change may be due to those interventions as opposed to receiving the Body Harmonization© energy balancing. In Period 1, the group did not receive the information explaining the details and background of what was done during the energy balancing. It will be recommended as a suggestion for further study to have a third group as a true control.

c) It was found in the pilot study, that subjects who took the time to come to an appointment and then did not receive a Body Harmonization© session were disappointed.

A point of concern was that this would affect the level of anxiety or depression scores, thus skewing the results of the Intervention B group.

The study includes a one-week post-intervention probe, because the measurements were taken to attempt to determine the duration of the intervention, after the intervention had been carried out. A second post-intervention probe was taken 6 to 10 months later, immediately preceding the Period 2 Intervention.

Data for that research were collected from Period 1. The results and discussion are reported in appendices M and N from the Greenwich Dissertation. The sample size was 86 subjects. In this crossover study only the 74 subjects who finished both periods, completed and returned all questionnaires were included in the results of this crossover project.<sup>3</sup> (In that dissertation, Intervention A Body Harmonization<sup>©</sup> session was referred to as Integrated Energetic Rebalancing (IER) or intervention group; and Intervention B was referred to as Education Session or control group. In addition, further results and discussion are included on the possible impact stress or previous training in energy medicine may have had.)

“Interactions between the principal investigator and the subjects occurred several times as the principal investigator recruited the subjects by speaking with them on the telephone when they called to make the appointment or to ask questions [for both Periods 1 and 2.] Only the information that was sent out in the flyer (see appendix B3.) was verbally repeated with the instruction that further information would be made available at the conclusion of both parts of the research project. The principal investigator was the interviewer, as well as the BOS<sup>TM</sup>/BES<sup>TM</sup> practitioner who carried out the Body Harmonization<sup>©</sup> intervention. The principal investigator conducted the Education

Session. The principal investigator collected the completed pre-session instruments from the subjects and opened the returned instruments. For objectivity, the instruments were scored by three different people who were trained by the principle investigator and were checked by a fourth person who was also trained by the principle investigator, for scoring reliability.

The assignment of each subject to the Intervention A group or to the Intervention B group was completed as follows: Eighty-six folded one inch by half-inch pieces of paper each containing a number from 1-86 were placed in a small dish. After the interview, described later in this chapter, the subject drew a number from the dish. The odd numbers indicated the subject was in the Intervention B group and an even number selected them for the Intervention A group. The principal investigator did not know whether a subject would be in the Intervention A group or in the Intervention B group, until after the number was drawn by the participant. Both the subject and the principal investigator knew whether the subject was receiving the Body Harmonization<sup>©</sup> energy balancing or the Education Session.”<sup>4</sup>

In Period 2, the 86 subjects were mailed a letter inviting them to return for the second part of the research. Seventy-six subjects phoned the principal investigator and scheduled appointments. Seventy-four subjects came to the appointments, completed, and returned all of the questionnaires. Two subjects came but did not complete the questionnaires, thus were excluded from the study.

“The principal investigator did have an attachment to the outcome of the research, as the method which was being tested, was part of the practitioner’s vocation. It was of interest to the investigator whether there would be statistically significant improvements

in the measurable levels of anxiety and depression following the intervention; as compared with being in the same clinical setting for the same amount of time with the same clinician; and receiving *only* the educational information about Body Harmonization<sup>®</sup>, without actually receiving the balancing protocol.

## **Subjects**

### Recruitment of Subjects

Letters (see appendix B1) were mailed to seventy practitioners of Biocomputer Operating System™ and students of Body Harmonization<sup>®</sup> and Biocomputer Emotional Spiritual™ technique, requesting their assistance by posting a notice about this research project, entitled “Energy Balancing for Well-Being Research Project” (See appendix B2.) in their office or waiting room. Each practitioner or student was encouraged to refer five to ten people within the following week. A prospective participant information flyer, giving instructions for participation, was included with the letter intended for the clients of the practitioner or students who were interested. To encourage participation of the BOSTM/BESTM practitioners and students, there was also a notice informing them of an open house, to be held in the spring of 2004, to share the combined results of both parts of the research. In the recruitment, the subjects were referred to as participants as this seemed to be a less clinical term than subjects, and the principal investigator felt that people would feel more comfortable and perhaps more likely to volunteer.

### Criteria for Inclusion of Subjects

One criterion for inclusion in the study was the condition that the subject had his or her previous experience with a specific energy balancing technique called Laterality

balanced no later than one week prior to the session for this research project. Laterality is discussed further in appendix A4. If it had been done, even once, those people were included as part of the study. One subject needed her laterality balanced. Previous clients of the principal investigator were precluded from participating in the study. If someone was interested in participating in the project and did not have a BOS<sup>TM</sup> practitioner or BOS<sup>TM</sup>/BEST<sup>TM</sup> student, the principal investigator referred them to one of four BOS<sup>TM</sup>/BEST<sup>TM</sup> students, who had been trained to do laterality and had volunteered to assist.

### Referral Sources

Thirteen BEST<sup>TM</sup> students referred 29 subjects, with one student referring 14 participants and another student referring 10. Three BOS<sup>TM</sup> practitioners referred 11 subjects with one of them referring 7. Four psychologists who wanted their clients to experience BOS<sup>TM</sup> and BEST<sup>TM</sup> referred 14 subjects. Two Holos University graduate students had informed three subjects about the study. The remainder of the 86 subjects were referrals from members of the community or from other subjects who shared the information about the research project with their families, friends, and professional acquaintances.

### Materials

“Four measures were used in this study. Two of them were instruments: the State-Trait Anxiety Inventory (Form Y)<sup>5</sup> for Adults (see appendix C6.) and the Zung Self-Rating Depression Scale (SDS)<sup>6</sup> (see appendix C7.) These instruments were chosen because they fit the criteria of the principal investigator. These criteria included:

- 1) Ease of use by the subjects, which increased the likelihood of the instruments being completed. Both instruments could be completed by the subjects in less than fifteen minutes. Supervision was not necessary. The subjects were able to complete them accurately using only written instructions. (Refer to appendix C5.)
- 2) Low cost.
- 3) Ease of scoring. Clear directions allowed the STAI and the SDS instruments to be scored by untrained personnel.
- 4) Easily reproducible.

#### State-Trait Anxiety Inventory (STAI) Form Y

The design of the State-Trait Anxiety Inventory (STAI), Form Y, was deemed appropriate for this study, as it can be self-administered in approximately ten minutes. “It clearly differentiates between the temporary condition of ‘state anxiety’ and the more general and long-standing quality of ‘trait anxiety.’”<sup>7</sup> There are two parts to complete with 40 questions, with four possible answers to each question. The first twenty questions clearly laid out on first side of the instrument, are designed to measure state anxiety. State anxiety, also known as “anxiety states,” is defined by Spielberger et al. as “. . . characterized by subjective feelings of tension, apprehension, nervousness, and worry, and by activation or arousal of the autonomic nervous system.”<sup>8</sup> The second section, also with twenty questions, on the back of the same sheet, is designed to measure trait anxiety. Trait anxiety or “T-anxiety” is defined by Spielberger as “relatively stable individual differences in anxiety proneness.”<sup>9</sup> The minimum score possible is 20 and the maximum score possible is 80. In addition to the written instructions that were mailed to the subject in the “participant package” (see appendix C2), the subjects were given the

same oral directions for completing of the STAI by the principal investigator at the time of scheduling the appointment. The subjects were instructed to answer how they felt at the time of taking the test on the first side; and to complete the second side, keeping in mind how they felt generally day to day.

The second instrument, the Zung Self-Rating Scale (SDS) (refer to appendix C7.) measures depression using 20 statements. It was devised so that ten of the items “were worded symptomatically positive, and then symptomatically negative.”<sup>10</sup> The subjects were instructed to answer how they felt at the time of taking the test. Answers were scored on a scale of 1 to 4 “in the following four quantitative terms: a little of the time, some of the time, good part of the time, or most of the time. The SDS is constructed so the less depressed patient and his (her) complaint will have a low score on the scale, and the more depressed patient and his (her) complaint will have a high score. An index for the SDS was derived by dividing the sum of the values (raw scores) obtained on the 20 items by the maximum possible score of 80, and expressed as a decimal.”<sup>11</sup> This test can be self-administered and completed in five minutes. The test itself is small, as it is only half the size of an 8½” by 11” sheet of paper.

The third measure that was taken was in the form of a sliding scale that was included on the bottom half of the Zung SDS test (see appendix C7). It consisted of a horizontal line with ten short vertical bars. The subjects were to mark their perceived stress level on the bar line. The far left indicated ‘no stress’ and the far right ‘high stress.’ This scale was filled out according to the amount of perceived stress in the past 24 hours for the pre-session and post-session data points and one-week following the session, for the one-week data point. It was filled out at the same time that the STAI and

the Zung SDS instruments were filled out. In the directions, the subject was asked, “Briefly describe, in a sentence or two, why you indicated as you did.” The test-retest reliability for the STAI scales, Form Y, was strong in T-Anxiety scales (males:  $r = .71$ ; females:  $r = .75$ ) and moderate-to-strong in S-Anxiety scales (males:  $r = .62$ ; females:  $r = .34$ ) at a 30-day retest interval.<sup>12</sup> Alpha coefficients for Form Y was also strong in working adults (males:  $\alpha = .92$ ; females:  $\alpha = .93$ ) for the S-Anxiety scale and the T-Anxiety scale (males:  $\alpha = .91$ ; females:  $\alpha = .91$ ).<sup>13</sup> Validity, as demonstrated through correlations between the S-Anxiety and T-Anxiety scales for working adults, was strong (males:  $r = .75$ ; females:  $r = .70$ ).<sup>14</sup> Means in S-Anxiety scores ages 19-39: (males:  $M=36.54$ ;  $SD=10.22$ ) (females:  $M=36.17$ ;  $SD=10.96$ ). Means in S-Anxiety scores ages 40-49: (males:  $M=35.88$ ;  $SD=10.52$ ) (females:  $M=36.03$ ;  $SD=11.07$ ). Means in S-Anxiety scores ages 50-69: (males:  $M=34.51$ ;  $SD=10.34$ ) (females:  $M=32.20$ ;  $SD=8.67$ ).<sup>15</sup> Means in T-Anxiety scores ages 19-39: (males:  $M=35.55$ ;  $SD=9.76$ ) (females:  $M=36.15$ ;  $SD=9.53$ ). Means in T-Anxiety scores ages 40-49: (males:  $M=35.06$ ;  $SD=8.88$ ) (females:  $M=35.03$ ;  $SD=9.31$ ). Means in T-Anxiety scores ages 50-69: (males:  $M=33.86$ ;  $SD=8.86$ ) (females:  $M=31.79$ ;  $SD=7.78$ ).<sup>16</sup>

The other material that was used was a case study form (see appendix D1) on which was written the notes of the subject’s answers to the question asked by the principal investigator, “What is going on for you in this moment in time? Give that concern a number between 0 and 10: Zero being symptom or concern gone and ten being unable to function.” The concern was handwritten on the form and the number, which the subject assigned, was hand recorded. This created the baseline of physical, emotional, mental, and spiritual concerns. These scores were then rated into two

categories for the data collection: a rating of 0 to 4 was rated as ‘low stress’ and a rating of 5 to 10 was rated “stress” in the data entry.”

A3. Filters were used in this research project as described in appendix A3. As outlined in the next section, dowsing rods, books, copies of overheads, and two Polaroid photographs demonstrating the energy field and a massage table (Earthwind, Model: 28” Spirit Model number: 29778) were other materials that were used in this study. Two types of flower essences were used. They included Raven Essences<sup>17</sup> and Bach Flower<sup>18</sup> Essences. (See Appendices A3 and L.) Dowsing rods were also used. Refer to appendix G1 for the instructions and diagram on how to make dowsing rods.”<sup>19</sup>

## **Procedure**

### Contact with Subjects

The people who were interested in being a part of the study telephoned the investigator to make an appointment. The principal investigator ascertained that the laterality balance of the prospective participant had been completed at least a week prior to coming to the scheduled session. If this were so, an appointment was made between the hours of 9:00 a.m. and 9:00 p.m. at the private clinical office of the principal investigator. (If the prospective subject had not already received a laterality session, he or she was given the telephone numbers of four BOST™/BEST™ students who were trained to do Laterality harmonization. The prospective subject was asked to call the student to schedule an appointment to do so, and call the principal investigator back to schedule an appointment for the session for the study.) The subjects were informed as to the contents of the Participant Package (see [appendix C2](#)) which included a cover letter, an intake form, two consent forms (one to bring to the session and the other copy for the subject to

keep). The consent form came in two parts. (See appendix C3.) The first part was a form where consent was given to be a part of the research project and the second was consenting to receive the “Balancing Procedure.” The subject was given the verbal instructions for filling out the two questionnaires (instruments) by the principal investigator, exactly as was written on the Instructions for Filling out the Questionnaires in the Participant Package. (See appendix C5.) The subjects were told to make an appointment with ‘themselves’ to fill out the questionnaires at the same hour on the evening:

- a) prior to their one-hour energy balancing session.
- b) after their session.
- c) 1 week following 1st session.

The subjects were directed to fill out the questionnaire in the same location each time, (most likely in their homes), and to be certain they would not be disturbed. They were asked to bring the forms with them when they came for the session. After the appointment was made and the subject’s address noted, the principal investigator mailed the Participant Package, which contained which included the scheduled appointment time, directions for completing the questionnaires, the questionnaires, new consent forms, and a map (see appendix C8) to the prospective subjects.”<sup>20</sup>

Five months later, in preparation for Period 2, letters were sent out to the 86 subjects inviting them to call the principle investigator to schedule an appointment. (See appendix E1.) After the appointment was made, the principal investigator mailed the Participant Package, which included the scheduled appointment time, directions for completing the questionnaires, the questionnaires, new consent forms, and a map (see

appendix F1.) to the prospective subject. Seventy-six subjects scheduled appointments. Two subjects never responded and eight telephoned the principle investigator but declined to participate for personal reasons. Two other subjects scheduled their appointments and attended them but did not complete the follow-up instruments, thus were excluded from the statistical analyses. Group 1 had 38 subjects. Group 2 had 36 subjects.

#### Session

“All of the subjects came individually to the clinical office for the one-hour session. If they arrived before their appointed time, they stayed in the waiting area until the principal investigator was able to begin. All sessions in both Periods 1 and 2, for the subjects in the Education Session group, and the subjects in the intervention group, began the same way. The subject was welcomed by the principal investigator, and was asked to “sit in the “chair behind the desk with the ‘arms’ as this seat was representative of the subject’s “body” being in charge of directing the session.” The subject was offered a glass of water and asked to hand in the completed forms to the principal investigator as she outlined the following procedure for the session:

‘First we will go through the consent forms to make sure there are no questions. Then we will establish a baseline of physical, emotional, mental, and spiritual concerns, which are going on for you right now, at this moment in time. We will review that baseline once again, at the end of the session. We will set a goal for where you want to be, as you leave this session today. Then you will choose a number that will determine if you will receive an energy balancing session today, or an Education Session today. If you have an Education Session today, you will learn about what will happen in the spring, when you

receive an energy balancing session in the second half of the study. If you receive an energy balancing session today, you will return in the spring to find out what we did today, during an ‘Education Session.’ The subject was asked if there were any questions. This interview took ten minutes. Then the session commenced.”<sup>21</sup>

In Period 2, there were two slight variations in the interview. The subject was asked how he or she felt after the last session and he or she did not choose a number, as the type of session to be received was pre-determined by the selection in Period 1.

#### Education Session Group

“No further notes were recorded by the principal investigator for the subjects in the group, receiving the Education Session, with the exception of the re-evaluation of the baseline along with the follow-up anecdotal comments made by the subject, at the end of the session. The Education Session group received a detailed explanation about the BOST<sup>TM</sup>/BEST<sup>TM</sup> model of the “Energy Balancing Flowchart”<sup>©</sup>, and energy anatomy. They heard the explanation while using copies of sixteen of the overheads from the Energetic Anatomical Rebalancing<sup>©</sup> Seminar (now called Body Harmonization<sup>©</sup>) that was presented by the principle investigator and Larry Steel assisted by Dr. Bob Nunley, in the fall of 2002. (Refer to appendix G2 for copies of these overheads and the complete script that was transcribed from a recording of one of these forty-five minute Education Sessions.)

The intent of the principal investigator was for the subjects in the Education Session group to have as clear an understanding of the concepts of energy anatomy and Body Harmonization<sup>©</sup> as possible. Several resource books were shown and suggested as recommended reading for the subject, as well as a brief review of each book.<sup>22</sup> The

diagram of “The Multidimensional Human Being: A Look at the Many Energy Layers”,<sup>23</sup> was described in detail as an illustration of the two energetic anatomy systems of the subtle bodies and the chakras. Two types of photographs representing the aura (human energy field) were shown to the subject. One was a Kirilian Polaroid photograph and the other was a computer-generated Polaroid photograph of the principal investigator (see Figures 10 and 11.) Using the diagrams found in Thie’s book,<sup>24</sup> participants were shown an illustration of the meridian system and the pattern of flow of chi through the acupuncture meridians in the body according to traditional Chinese medicine.

This was followed by a demonstration of the participant’s own energy field using dowsing rods. The subject was asked to stand at one side of the room while the principal investigator stood at the other side of the room holding two dowsing rods. (Dowsing rods are two pieces of wire bent at right angles that have a handle on one end, allowing the wire free movement back and forth. (See Figure 5.) The subject was told to think of a neutral thought of his or her choosing. The principal investigator approached the subject holding the dowsing rods in front of her. The point relative to the subject at which the dowsing rods crossed was noted, was described to be the outer reaches of the emotional energy field. The process was repeated with the subject thinking of a happy thought and the principal investigator once again moved towards the body of the subject with the dowsing rods. The rods crossed at a point further away from the subject’s body, which seemed to indicate that the energy field had expanded. The distance from the subject where this occurs, was noted by both the investigator and the subject. The subject was then told to think of a sad thought, the principal investigator once again moved closer, and it was observed that the dowsing rods crossed at a point much closer to the subject’s

body. This demonstration concluded with the subject thinking a neutral thought. The dowsing rods were observed to cross at a point similar to the one at the beginning of the demonstration.

Each participant in the control group had the experience of reclining on a massage table and experiencing muscle testing, demonstrating the strong and weak of two muscle tests, using first the anterior deltoid muscle, and then the brachial arm muscles. The time on the table was two to three minutes.

The subject was verbally walked through the BOS<sup>TM</sup>/BES<sup>TM</sup> Energy Balancing Flowchart© (see Figure 14.) using a hypothetical example of someone who had a runny nose as a concern, which had various causes as listed below:

Entry Points: Sinuses:

Cause 1-> energetic virus

Cause 2-> allergies/sensitivities

Cause 3-> structural imbalance

Cause 4-> Emotional

Cause 5-> Vibrational

Cause 6-> Spiritual

Detox

Lock in

In Period 2, the subject was also given a description of his or her personal Body Harmonizaton energy balance according to the BOS/BES Body Harmonization© Energy Balancing Flowchart.

In the closing procedures, the subject was asked by the principal investigator how he or she felt compared to when he or she arrived at the beginning of the session. No words or concepts were suggested by the principal investigator. The words are hand-recorded. The baseline concerns were then re-evaluated with the principal investigator asking the subject to give the same concerns he or she started with, a number on a scale between 0 and 10 (Zero being ‘symptom gone’ and 10 being ‘can’t function.’) The subject was then given the last two instruments: one to be completed that evening and the other, in the evening in exactly one week. The dates and times of completion were noted on the instruments, as a reminder for the subject. Two postage-paid envelopes were given to the subject so that the instruments might be returned as quickly and efficiently as possible. In Period 1, the subject was reminded about being notified to return in the spring, for the second part of the study, where he or she would receive a Body Harmonization<sup>©</sup> session. The subject was also informed and reminded of the Open house to be held when the whole crossover project is completed to discuss the results of both of the studies.”<sup>25</sup>

The format for the Period 2 Education Session group was the same as the Period 1 Education Session group with one slight variation. After the subject was verbally walked through the hypothetical example of someone who had the runny nose, the Body Harmonization<sup>©</sup> session that the subject had experienced 6 to 10 months previously, was discussed according to Body Harmonization<sup>©</sup> Energy Balancing procedure.

### Body Harmonization<sup>©</sup> Group

“In Period 1, if the subject selected an even number, then he or she received a Body Harmonization<sup>©</sup> session. After the initial interview to set the baseline as well as a

goal for the session, the subject reclined on the massage table. The principle investigator guided the subject through the first step of the Inner Counselor™ Symbolic Process<sup>©</sup>. In BES™, this is called “Centering.” The subject was invited to relax and close his or her eyes, and visualize a place of peace.<sup>26</sup> He or she was encouraged to connect to his or her High Self or Wise Self, and to invite in any (spiritual) guides, who knew all there is to know, about the goal that he or she had set initially. The subject was invited to connect with their body wisdom (however interpreted) followed by encouragement for the subject to be aware of the body guided by the practitioner to “Feel your feet. Feel your ankles, your calves, your knees, and your thighs. Feel your pelvic region, your abdomen, your chest, and your back. Feel your shoulders, your arms, hands, and your fingertips. Feel your neck, the back of your head, your forehead, your face, and your jaw. Notice your breath and be aware of your breath for a few moments while I centre myself.”

The principle investigator indicated when she was in the place of peace in her conscious awareness, invited her High Self and her own guides; and invited connection with the guides of the subject to be present. Gentle pressure with one hand was used by the principle investigator to test the brachial muscle strength (kinesiology) of the subject. A strong muscle test of the brachial muscle in the arm of the subject, indicated permission to offer the balance. (The concept of Permission is described by Levin,

“In tapping into the body’s innate intelligence we access the person’s higher or super-consciousness (higher self); the aspect of self that knows exactly what is required at that moment and that at the same time scans the abilities and quality of the practitioner.

Before any balancing is done on a person, it is important to ask for permission from his or her higher consciousness, to ascertain whether it is appropriate to balance.<sup>27</sup>)

At this point, the answers given by the muscle testing determined the rest of the balance. The BOS™/BES™ Energy Balancing Flowchart<sup>©</sup> in appendix G2 from the Education Session was followed. Whenever there was a weakening or an unlocking of the subject's arm, the muscle indicated that there was a disturbance in that item and in need of balancing. That part of the balance was then completed according to the BOS™ technique manual by Larry Steel.<sup>28</sup> First, the Laterality, Primary Blockages, and Sugar Control Disturbances<sup>29</sup> were tested. (Laterality is an energetic disturbance in the "clear cerebral dominance, which results in filing sequence breaks."<sup>30</sup> Primary Blockages include Holographic Blockages and First Rib Blockages. Holographic Blockages help to restore the body energetically, so that the body perceives its normal functioning as a default position, instead of as a threat.<sup>31</sup> First Rib is a disturbance where the blockage of the first rib affects the entire sympathetic chain through facilitation of the stellate ganglion. [Sympathetic nerve centre - fight/flight response])<sup>32</sup> Next, therapy localization (i.e. touching the area of the body of concern listed) was tested. If this area tested kinesiologically, then further testing to find the anatomy involved, by scanning for anatomy (the principle investigator muscle tests the subject while placing the other hand over the pages of an anatomy book to determine the entry points of the concern). After this, the menus in Figure 5 are followed according to the testing. Each balancing session is unique because the practitioner must go where the muscle testing directs the balancing to go. (A more thorough explanation of the use of the flowcharts is found in the script of the Education Session in appendix G2 and in the description of BOS found in the description of

the Conceptual model and the menus as used by Steel in appendix A under the section titled “Biocomputer Operating System™ (BOS™).” The flowchart of BOSTM/BESTM Energy Balancing Flowchart<sup>©</sup> was followed and Body Harmonization<sup>©</sup> energy balancing was done at the physical and mental levels according to the technique of BOS<sup>TM</sup>. While each case was very different, because the body of each subject was directing the session, the methodology was the same. The procedure was to follow the BOS<sup>TM</sup>/BES<sup>TM</sup> Energy Balancing Flowchart<sup>©</sup> (Figure 21), followed by the Emotional, Vibrational, and Spiritual Sub-menus found in figures 18-30 in appendix H. The procedure is summarized below.

BES<sup>TM</sup> Technique: EMCC Procedure<sup>©</sup>:

(Enter each muscle weakness, positive test, or indicator change, as appropriate, unless otherwise indicated.)

1. Begin with [Figure 22. BOSTM/BESTM Energy Balancing Flowchart<sup>©</sup>](#) in appendix E. Follow menus as indicated, entering positive tests as you go.
2. Clear all causes using BOS or BES as indicated until “Emotional Sub-menu” tests.
3. Go to Figure 23. BESTM Emotional Cause Sub-menu
4. Follow Flowchart to “BES technique Sub-menu.” Then go to EMCC.
5. Muscle test to determine if “Meridian Disturbance,” “Organ Disturbance” or “Chakra Disturbance” (see [Figure 23. BESTM Emotional Cause Sub-menu](#) in appendix H). Proceed according to flowchart.
6. Muscle test to determine which row the emotion is listed. (Refer to [Figure 30. BES<sup>TM</sup> Emotional Meridian-organ Chakra Connection Chart<sup>©</sup>](#) in appendix H.)

The EMCC Chart is described as follows:

*[Emotional Meridian-organ Chakra Connection \(EMCC\) Chart Explanation](#)*

“Emotional Meridian-organ Chakra Connection” is intended to connect the different organs, the meridians, and chakras with emotional issues.

- a) The first column, “Chakra Meridian Organ” specifies the specific meridian, chakra, or organ that was found weak in the muscle testing.
- b) The second column “Chakra or Organ Location on the Body” tells where these are located on the body.<sup>33</sup>
- c) The third column “Meridian Connection Point (Client’s own hand)” identifies where a meridian intersects with an organ or alternately how to connect the meridian with the organ if external meridian does not actually run near the organ’s location.

An example: Heart Organ: It is located slightly left of centre of the chest but the surface meridian runs from the inside the armpit, in line with the little finger. Touching the heart organ with the little finger will connect the external meridian to the organ.<sup>34</sup>

- d) The fourth column “Emotional Issues/Qualities” presents a list of emotions.<sup>35</sup>

7. Follow through as directed in the [Figure 26](#). BEST™ Emotional Meridian-organ Chakra Connection Flowchart© in appendix H, entering each positive test.

8. Test to see if Inner Counselor™ is indicated.

- a) If yes, proceed according to [Figure 28](#). BES™ Version of Inner Counselor Process©. BES™ Version of Inner Counselor
- b) If no, proceed according to BEST™ EMCC balance (see [Figure 27](#). BEST™ EMCC Balance, Detox, and Closure Flowchart© in appendix H).

9. Recheck “Therapy Localize.” Or “Main Menu Entry Point.”

10. Continue with “Cause menu” or “Closure” as directed by muscle testing.

For clarification purposes, the following example of a case study of one of the subjects in this research project is included. The other 42 (Group 1) and 36 (Group 2) cases are written up in appendix J1.

*Example of Body Harmonization<sup>©</sup> Session:*

Subject: 24 year old male

Presenting Concern: Physical: 1<sup>st</sup> concern: Throat mucus. 2<sup>nd</sup> concern: Stuffy sinus.

Emotional: #5. Worry about financial.

Emotional 6<sup>th</sup> concern: Uneasiness about taking time for self.

Baseline.

Goal: "I can accomplish anything."

Chose random number: 12.

Centering.

Permission:

Main Menu: Sensitivities:

Cause 1->Sensitivity1 Technique<sup>36</sup> (Balance using BOS™ as trained.)

Cause 2->Sensitivity2 Technique<sup>37</sup> (Balance using BOS™ as trained.)

Cause 3->Pathogen: Bacteria Energy<sup>38</sup> BES™ Tap3x (Tap3x balance listed in BES™ manual)

Main Menu: Therapy Localize: Throat Chakra:

Cause 1->Emotional: BES™ technique Sub-menu:

EMCC: Organ: Large Intestine:

EMCC Chart: Column 4, Row 3: stubborn: father (subject in tears)

Balance with BES™ balance (see appendix E4, Figure A19)

Cause 2-> Emotional: BES™ technique Sub-menu:

EMCC: Meridian: #7: Spleen:

EMCC Chart: Column 2, Row 3: vengefulness: female: when subject was age 8

Cause 3-> Vibrational: Flower Essence: Raven: #109: "Raven Blue: supports the ability to accurately and lovingly hold one's perceptions, whether they are of oneself, one's environment or the heavens through the window of one's soul. While feeling part of a larger universe, the essence helps loosen egocentric patterns that no longer serve one while making space for new possibilities. Beyond the sixth chakra functions of visioning and perception, the essence helps to actively gestate new energetics. In this cerebral womb, one's vision can mature, and a fuller representation of oneself can be expressed."<sup>39</sup>

This essence is infused vibrationally by holding essence in one hand, over chakra which muscle tests, while other hand rests gently on the forehead of the subject. The words which accompany the infusion in BES™ are,

"(Name of subject), receive this Raven Blue essence vibration perfectly now at all levels, all time, all dimensions, and all aspects, known and unknown, to the very depths of your being." (See Figure 31. BEST™ Vibrational Cause Sub-menu)

Energy Detox: (Levin describes his theory of the purpose of energy detoxification as follows:

"This will assist the body to rid itself of the toxins released by virtue of the increased vibrational frequency to the organs involved. If the liver, for example, is balanced and its frequency increased, its newly gained vitality will enable it to throw off stored toxins and at the same time it assists it to maintain its new

frequency. If the poisons and toxicity points were not balanced, it would take much longer for it to detoxify, accompanied by some symptoms of detoxification (nausea, fatigue, etc.) So these points help to accelerate the process and eliminate the need for a healing crisis)

Lock in (Levin describes the process of the “Lock In,”

“In order to lock in (‘save’ in computer language) all the corrected body points, so that they will hold, and to continue to accelerate the energy drainage process, hold your hands under the mastoid bones, below the ears. This is best done behind the receiver.”<sup>40)</sup>

In BES™ the ‘Lock in’ is accompanied by the words,

(Name of subject) “receive all these healing energies with the love with which they are intended. Lock them in to every cell, every fibre, every level of your being, now and for all time.”

The subject returned to the chair behind the desk for the five-minute closure as follows:

The subject was asked, “How do you feel now compared to how you felt when you came?” This was hand recorded and can be found in appendix I. The Baseline was re-evaluated and each concern was again given the number according to the scale of zero to ten. The information was entered into the SPSS program, along with the STAI and SDS scores, and the level of stress.

The subject was invited to return in the spring for an Education Session as part of follow-up study, and was given the post-session and the 1-week after session questionnaires with two return addressed, stamped envelopes with the instructions to mail them the morning following their completion.”<sup>41</sup>

In Period 2, the Body Harmonization<sup>©</sup> Intervention A was conducted in exactly the same way as Period 1. The subject was invited to an open house which will be

scheduled in the spring of 2004 to discuss the results of the whole cross-over research project.

The next chapter RESULTS, describes in detail, the findings of the statistical analysis for the data on the tabulation of two instruments, which were administered at six data points for each of the seventy-four subjects.

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#### CHAPTER 2 Endnotes

<sup>1</sup> Gerber, Richard, *A Practical Guide to Vibrational Medicine: Energy Healing and Spiritual Transformation*, (New York: HarperCollins Publishers, 2001), 22-23.

<sup>2</sup> Robert Rosenthal, and Ralph L. Rosenow, *Essentials of Behavioural Research: Methods and Data Analysis*, (Boston: McGraw Hill: 1991) 626.

<sup>3</sup> Karin Cremasco, diss. “Energetic Anatomical Rebalancing, as directed by the body, and the measured effect on anxiety and depression in a select group,” Greenwich University, 2003, 32-36.

<sup>4</sup> Ibid.

<sup>5</sup> Charles D. Spielberger, R. L. Gorsuch, R. Lushene, P. R. Vagg, and G.A. Jacobs, *State-Trait Anxiety Inventory for Adults Sampler Set: manual, test, scoring key*, (Redwood City, California: 1983)

<sup>6</sup> William W. K. Zung, “*A Self-Rating Depression Scale*,” Archives of General Psychiatry 12, (1965) 65-66.

<sup>7</sup> Spielberger, *State-Trait Anxiety Inventory for Adults*, Mind Garden Website: [www.mindgarden.com](http://www.mindgarden.com), accessed February 13, 2003.

<sup>8</sup> Spielberger et al., *State-Trait Anxiety Inventory*, 4.

<sup>9</sup> Ibid., 5.

<sup>10</sup> Zung, “*Self-rating Depression Scale*, 64.

<sup>11</sup> Ibid.

<sup>12</sup> Spielberger et al., *State-Trait Anxiety Inventory*, 30.

<sup>13</sup> Ibid., 13.

<sup>14</sup> Ibid., 34.

<sup>15</sup> Ibid., 14.

<sup>16</sup> Ibid.

<sup>17</sup> Raven Essences: Raven Essence Tester Kit: Andrea Matheson, 51 Belmont Crescent, Maple, Ontario, L6A 1L5, 905-832-8245, [www.ravenessences.com](http://www.ravenessences.com).

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<sup>18</sup> Bach Flower Essences: Bach Canada: 705-749-1894; Guidebook: *Dictionary of the Bach Flower Remedies, Positive and Negative Aspects*, T.W. Hyne Jones, (Essex England: C.W. Daniel Company Ltd. 1993).

<sup>19</sup> Ibid., Cremasco, 37-41.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid., 42, 43.

<sup>22</sup> Gerber, *Practical Guide*, 32.

<sup>23</sup> Ibid.

<sup>24</sup> John F. Thie, *Touch For Health, a New Approach to Restoring Our Natural Energies*, (Pasadena, California: T. H. Enterprises, 1973) 18, 19.

<sup>25</sup> Cremasco, 42-46.

<sup>26</sup> Nunley, *Inner Counselor*, 252.

<sup>27</sup> Levin, *Body Alignment Technique™*, 21.

<sup>28</sup> Larry Steel, *BOS™ Manual*.

<sup>29</sup> Victor Frank, *TBM™*, 25.

<sup>30</sup> Ibid., 8-15.

<sup>31</sup> Ibid., 17.

<sup>32</sup> Ibid., 16.

<sup>33</sup> (Author's Note: For organs or chakras, located in sensitive areas such as the groin, the practitioner places his or her hand *above* the body. It is *not* necessary for the Practitioner to touch the client at all except for muscle testing. The intent of touching the body or the area above the body will be as efficacious.)

<sup>34</sup> Kaptchuk, *The Web That Has No Weaver*, (Chicago: Contemporary, 2000,) 111.

<sup>35</sup> (The author wishes to thank the following sources including Ann Nunley's "Integrative Chart," Caroline Myss's "Energy Anatomy Chart" and John Dewe's Professional Kinesiology Practitioner Five Element Chart for the inspiration in creating this chart.)

<sup>36</sup> L. Steel, *BOS Manual*, 4.

<sup>37</sup> Ibid., 5.

<sup>38</sup> Ibid., 4-5.

<sup>39</sup> Andrea, Matheson, *Raven Essences 2001*, (Maple Ontario: Self Published: 2001) 27.

<sup>40</sup> Ibid., 27.

<sup>41</sup> Cremasco, 46-52.

## CHAPTER 3: RESULTS

***“The body weeps the tears,  
the eyes refuse to shed.”<sup>1</sup>***

*~anonymous*

### **Independent Variable**

There were two independent variables in this study which consisted of a 2-period, 2 intervention crossover design. The first independent variable was a forty-five minute Body Harmonization<sup>©</sup> session and the second independent variable was a forty-five minute Education Session. Half of the subjects (n=43) referred to as Group 1, received the Body Harmonization<sup>©</sup> session in Period 1 followed by an Education Session 6 to 10 months later, when 38 subjects returned to participate in Period 2. The second group of subjects (n=43) referred to as Group 2 received an Education Session in Period 1 and 36 of those subjects returned 6 to 10 months later to receive the Body Harmonization<sup>©</sup> session in Period 2. “The Education Session included an informative talk about Body Harmonization<sup>©</sup> and included a demonstration. Both groups took part in a ten-minute interview where the intake form of each subject was discussed; a baseline of physical, emotional, mental, and spiritual concerns was established; and a goal set, namely, the intention that the outcome of the session be positive. Subjects in both groups experienced muscle testing and reclined on the table for varying amounts of time.

Subjects in both groups were interviewed once more at the end of the session for 5-minutes to re-evaluate the baseline.

### **Subjects Who Did Not Return in Period 2**

There were ten subjects who did not return for the follow-up research in Period 2. One man and one woman did not return as they both became ill with cancer. Their spouses did not return as the demands of caring for the ill family member was too time-consuming. Another male subject and another female subject made appointments, but due to a death in the family, they cancelled the appointment. When they called to reschedule, the research was over, thus they did not participate. No response to the initial letter was received from two females and one male. And the last 18 year old male was not interested in participating any longer in the project. He had received the Education Session intervention in Period 1. There were two other subjects who came for the Period 2 follow-up Education and Body Harmonization<sup>©</sup> sessions but did not return their questionnaires. Their scores were not included in the data. Thus the subject pool was listed as 74.

### **Descriptive Analysis**

#### **Description of Subjects**

##### **Period 1**

The total number of subjects in the Period 1 study population was 86, with 43 in each group. Of the 86, 63 (73%) were female, and 23 (27%) were male. Group 1 had 29 (67%) female subjects and 14 (33%) male subjects. There were more females (34) (79%) and only 9 males (21%) in Group 2.

## Period 2

As a result of the attrition of 10 subjects and the 2 who did not return the questionnaires, there were five fewer males and seven fewer female subjects in the Period 2 study population. Out of the 74 subjects, 56 (76%) were female and 18 (24%) were male. In Group 1, 66% (25) were female and 34% (13) were male. In Group 2, 86% (31) were female and 14% (5) were male.

## Age

In Period 1, the average age was 47 (range 18 years – 78 years). The mean age in Group 1, was 46 (range 26 years – 78 years). Group 2 had a mean age of 48 years (range 18 years – 70 years).

Of the seventy-six subjects that returned to participate in the follow-up research project, the mean remained at 47-years (range 20 years – 78 years). The standard deviation was 11. In Group 1, the average age increased slightly to 47 (range 32 years – 78 years). The mean age remained at 48 (range 20 years – 70 years) in Group 2. The standard deviation was 13-years for group 2 and 9 years for group 1.

## Stress

Descriptive tests were done on the number of subjects experiencing stress within the last 24 hours prior to both the Period 1 and 2 sessions, before both the post sessions, and in the week following the the Period 1 and Period 2 session. If subjects indicated their level of stress was 0-4, the principal investigator classified them as being in the Low Stress group. If the subjects indicated they had had a stress level of 5 or more, they were classed as being in the Stress group. There were not enough subjects to do inferential statistics and the findings around stress were inconclusive.

## **Dependent Variables**

There were multiple dependent variables utilized in this study. They are as follows: state anxiety scores for adults, trait anxiety scores for adults, and depression index scores<sup>2</sup> for adults. In total, six data points were collected to assess state and trait anxiety levels and depression levels. One baseline data point was collected on the evening prior to the first session. Depending on the group, this point is called Pre-BH (O<sub>1</sub>), indicating a Pre-Body Harmonization<sup>©</sup> Session, or Pre-ED (O<sub>1</sub>), a Pre-Education Session. A second data point was collected the evening following the first session at the same hour and location as the first. It is referred to as Post-BH (O<sub>2</sub>) or Post-ED (O<sub>2</sub>). One week after the second data point, a third data point was collected, once again at the same hour and location as the other two. This was called One-week After BH (O<sub>3</sub>) or One-week After ED (O<sub>3</sub>). Another data point was collected 6 to 10 months later, the evening before the Period 2 session, once again at the same hour and location as the first. It is called Pre-BH (O<sub>4</sub>) or Pre-ED (O<sub>4</sub>). A fifth data point was collected the evening following the second session again at the same hour and location as the first. It is identified by Post-BH (O<sub>5</sub>) or Post-ED (O<sub>5</sub>). Finally, the last data point collected in the same manner as the other five in terms of time and location, one week after the fifth. It is listed as One-week After BH (O<sub>6</sub>) or One-week After ED (O<sub>6</sub>) .

All of the raw scores are found in appendix K.

## **Compliance with Questionnaire Completions**

The rate of compliance was excellent in both Periods. In Period 1, all of the 86 subjects (100%) completed and returned all three questionnaires. In Period 2, 74 subjects completed and returned all three questionnaires and 2 subjects did not return any. As

previously noted, those two subjects were excluded from the data. All those who returned questionnaires noted the time, date, and location of the completion. If their questionnaires were not received in the mail within a week of it being due to return, the subjects were called and reminded to send in their questionnaires. Only two questionnaires were not filled out on the scheduled day one-week after the session. In both instances, the person filled out the questionnaire estimating how he or she felt at the previously scheduled time. Whenever a question was not answered on a certain questionnaire, that same question was examined on the other two questionnaires. If the same answer was on both of them, that answer was given (12 instances). If the other answers were different, the subject was telephoned and asked for the answer. This only occurred in two instances.

### **Pre-Session Data Point**

In order to establish a baseline of anxiety and depression levels respectively, the STAI and Zung SDS were completed on the evening prior to the intervention. The subject rated baselines of the physical, emotional, mental, and spiritual concerns subjectively during the initial interview, just prior to the Education Session or the Body Harmonization<sup>©</sup> session.

### **Post-Session ( $O_2$ & $O_5$ ) and One-Week after Session ( $O_3$ & $O_6$ ) Data Points**

To assess the effect of the intervention on the state and trait anxiety levels and the depression levels immediately following the session, one week after the session, and six months after the first session, several paired t-tests were conducted at the Post-Session ( $O_2$  &  $O_5$ ) and One-Week after Session ( $O_3$  &  $O_6$ ) data points, as well as at the six to ten-month data point, using the STAI and Zung SDS scores.

## State Scores

### Paired Samples T-Test

#### Group 1 State Paired Sample T-tests

Group 1 had the Body Harmonization<sup>©</sup> energy balancing intervention in the first period followed by the Education Session intervention six to ten months later. These subjects did not know what to expect during the Body Harmonization<sup>©</sup> session. But when it was time for them to experience the Education Session intervention, they had already experienced an energy balancing session. To compare anxiety levels prior to the Body Harmonization<sup>©</sup> intervention and one week following the intervention, paired t-tests analyses were conducted.

As expected, according to the hypothesis, there was a strong, statistically significant difference between the baseline Pre-BH ( $O_1$ ) state anxiety scores and immediately following Post-BH ( $O_2$ ), the Body Harmonization<sup>©</sup> intervention,  $t(36)=5.189$ ,  $p=.0001$ . The mean score dropped by 6.87 before and after the intervention session (see [Table 1](#)). There was a statistically significant difference between the Pre-BH ( $O_1$ ) (Pre-Body Harmonization<sup>©</sup>) and the One-week After BH ( $O_3$ ) Body Harmonization<sup>©</sup> state anxiety scores,  $t(37)=3.486$ ,  $p=.001$ . The One-week After BH ( $O_4$ ) mean scores were lower than the Pre-BH ( $O_1$ ) session by 4.08 points (see [Table 1](#)).

In the Education Session held 6 to 10 months later, the paired samples t-test did not yield a statistically significant difference between Pre-session Pre-ED ( $O_1$ ) and Post-session Post-ED ( $O_2$ ) data points. In the Education Session groups, the paired samples t-tests did not yield a statistically significant difference between Pre-session Pre-ED ( $O_1$ ) and One-week After ED ( $O_3$ ) session data points. There was very little change (+ or – less than one point) in the mean scores (see [Table 1](#)).

**Table 1. Mean Measures for State Anxiety Scores: Group 1**

Data Points O<sub>1</sub>-O<sub>6</sub>

Period 1: Body Harmonization<sup>©</sup> (BH); Period 2: Education Session (ED)

Pre-BH (O <sub>1</sub> )		Post-BH (O <sub>2</sub> )		
M	SD	M	SD	
		n=38		
State*** ***	37.92	11.21	31.05	8.97
Pre-BH (O <sub>1</sub> )		One-week After BH (O <sub>3</sub> )		
M	SD	M	SD	
		n=38		
State*** **	37.92	11.21	33.84	10.73
Pre-ED(O <sub>4</sub> )		Post-ED (O <sub>5</sub> )		
M	SD	M	SD	
		n=38		
State**	35.61	11.05	34.66	11.98
Pre-ED(O <sub>4</sub> )		One-week After ED (O <sub>6</sub> )		
M	SD	M	SD	
		n=38		
State*	35.61	11.05	36.42	12.98

\*\*\* \*\*\* This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>1</sub>) and Post-BH (O<sub>2</sub>) data points,  $t(37)=5.188$ ,  $p<.001$ .

\*\*\* \*\* This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>1</sub>) and One-week BH (O<sub>3</sub>) data points,  $t(37)=3.486$ ,  $p<.01$ .

\*\* This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>4</sub>) and Post ED (O<sub>5</sub>) data points,  $t(37)=-.792$ ,  $p=.434$ .

\* This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>4</sub>) and One-week ED (O<sub>6</sub>) data points,  $t(37)=-.492$ ,  $p=.626$ .

### Group 1 Stability of State Scores Scores Over Time

To assess if changes in the state anxiety levels were maintained over time, paired samples t-tests were done on the Pre-session data point in Period 1 compared with the Post-session, and One-week After Session data points respectively in Period 2, 6 to 10 months later. Paired t-tests conducted on Pre-BH ( $O_1$ ) data point compared with Pre-ED ( $O_4$ ) and Pre-BH ( $O_1$ ) with One-week After ED ( $O_6$ ) did not yield statistically significant differences. (See [Table 2.](#))

[Table 2. Mean Measures for State Anxiety Scores over Time: Group 1](#)

Data Points  $O_1-O_4$ ;  $O_1-O_6$

Period 1: Body Harmonization<sup>®</sup> (BH); Period 2: Education Session (ED)

	Pre-BH ( $O_1$ )		Pre-ED ( $O_4$ )	
	M	SD	M	SD
State*** *	37.92	11.21	35.61	11.05
n=38				
	Pre-BH ( $O_1$ )		One-week After ED ( $O_6$ )	
	M	SD	M	SD
State***	37.92	11.21	36.42	12.98
n=38				

\*\*\* \* This paired samples t-test did not yield a statistically significant difference between Pre-BH ( $O_1$ ) and Pre-ED ( $O_4$ ) data points,  $t(37)=1.620$ ,  $p=.11$

\*\*\* This paired samples t-test did not yield a statistically significant difference between Pre-BH ( $O_1$ ) and One-week After ED( $O_6$ ) data points,  $t(37)=1.015$ ,  $p=.32$

## Group 2 State Paired Sample T-tests

Group 2 had the Education Session first, followed by the Body Harmonization<sup>©</sup> Intervention session six to ten months later. The subjects in this group had not yet experienced an energy balancing session except for the short procedure which was a prerequisite to be a subject in this research project. (Refer to appendix A.) When they received the Body Harmonization<sup>©</sup> session, they knew what to expect in terms of procedure.

As expected according to the hypothesis, the paired samples t-test did not yield a statistically significant difference between Pre-session and Post-session data points in the group which received the Education Session, (see Table 3).

As expected, according to the hypothesis, there was a strong, statistically significant difference between the baseline Pre-BH ( $O_1$ ) state anxiety scores and scores immediately following the Body Harmonization<sup>©</sup> intervention, Post-BH ( $O_2$ ),  $t(36)=4.300$ ,  $p<.001$ . The mean score dropped by more than 6 points in Group 2 (see Table 3.) To compare anxiety levels prior to the Body Harmonization<sup>©</sup> intervention and one week following the intervention, paired t-tests analyses were conducted.

Unexpectedly, in Group 2 there was no statistical significance between the Pre-session and One-week Session data points (see Table 3). This supports the Null Hypothesis.

In the both the Education Session groups, the paired samples t-tests did not yield a statistically significant difference between Pre-session and Post-session data points. As in Group 1, there was very little change (+ or – less than one point) in the mean scores (see Table 3.)

**Table 3. Mean Measures for State Anxiety Scores: Group 2**

Data Points O <sub>1</sub> -O <sub>6</sub>					
Period 1: Education Session (ED); Period 2: Body Harmonization <sup>©</sup> (BH)					
	Pre-ED (O <sub>1</sub> )			Post-ED (O <sub>2</sub> )	
	M	SD		M	SD
n=36					
State <sup>uu</sup>	37.03	9.59		36.42	12.91
	Pre-ED (O <sub>1</sub> )			One-week After ED (O <sub>3</sub> )	
	M	SD		M	SD
n=36					
State <sup>u</sup>	37.03	9.59		37.47	11.78
	Pre-BH (O <sub>4</sub> )			Post-BH (O <sub>5</sub> )	
	M	SD		M	SD
n=36					
State <sup>uuuu uuuu</sup>	35.47	9.61		29.29	8.38
	Pre-BH (O <sub>4</sub> )			One-week After BH (O <sub>6</sub> )	
	M	SD		M	SD
n=36					
State <sup>uuuu u</sup>	35.47	9.61		33.06	11.19

<sup>uu</sup> This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>1</sub>) and Post ED (O<sub>2</sub>) data points,  $t(35)=.295$ ,  $p=.770$ .

<sup>u</sup> This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>1</sub>) and One-week ED (O<sub>3</sub>) data points,  $t(35)=-.233$ ,  $p=.82$ .

<sup>uuuu uuuu</sup> This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>4</sub>) and Post-BH (O<sub>5</sub>) data points,  $t(35)=4.300$ ,  $p<.001$ .

<sup>uuuu u</sup>This paired samples t-test did not yield a statistically significant difference between Pre-BH (O<sub>4</sub>) and One-week BH (O<sub>6</sub>) data points,  $t(35)=1.357$ ,  $p=.184$ .

## Group 2 Stability of State Anxiety Scores Over Time

To assess if changes in the state anxiety levels were maintained over time, paired samples t-tests were done on the Pre-session data point in Period 1 compared with the Post-session, and One-week After Session data points respectively in Period 2, 6 to 10 months later. In Group 2 (which received the Education Session followed by the Body Harmonization<sup>©</sup> session), the difference between the Pre-session ED point ( $O_1$ ) and the final One-week After Body Harmonization<sup>©</sup> session point ( $O_6$ ) was statistically significant,  $t(35)=2.162$ ,  $p<.05$ . The mean was lower by almost 4 points at the end of the 6 to 10 month period. (See Table 4.)

Table 4. Mean Measures for State Anxiety Scores over Time: Group 2

Data Points  $O_1$ - $O_4$ ;  $O_1$ - $O_6$ ; for Group 2  
Period 1: Education Session (ED); Period 2: Body Harmonization<sup>©</sup> (BH)

	Pre-ED ( $O_1$ )		Pre-BH ( $O_4$ )	
	M	SD	M	SD
State <sup>μμμ</sup>	37.03	9.59	35.47	9.61
$n=36$				
	Pre-ED ( $O_1$ )		One-week After BH ( $O_6$ )	
	M	SD	M	SD
State <sup>μμμ μμ</sup>	37.03	9.59	33.06	11.19
$n=36$				

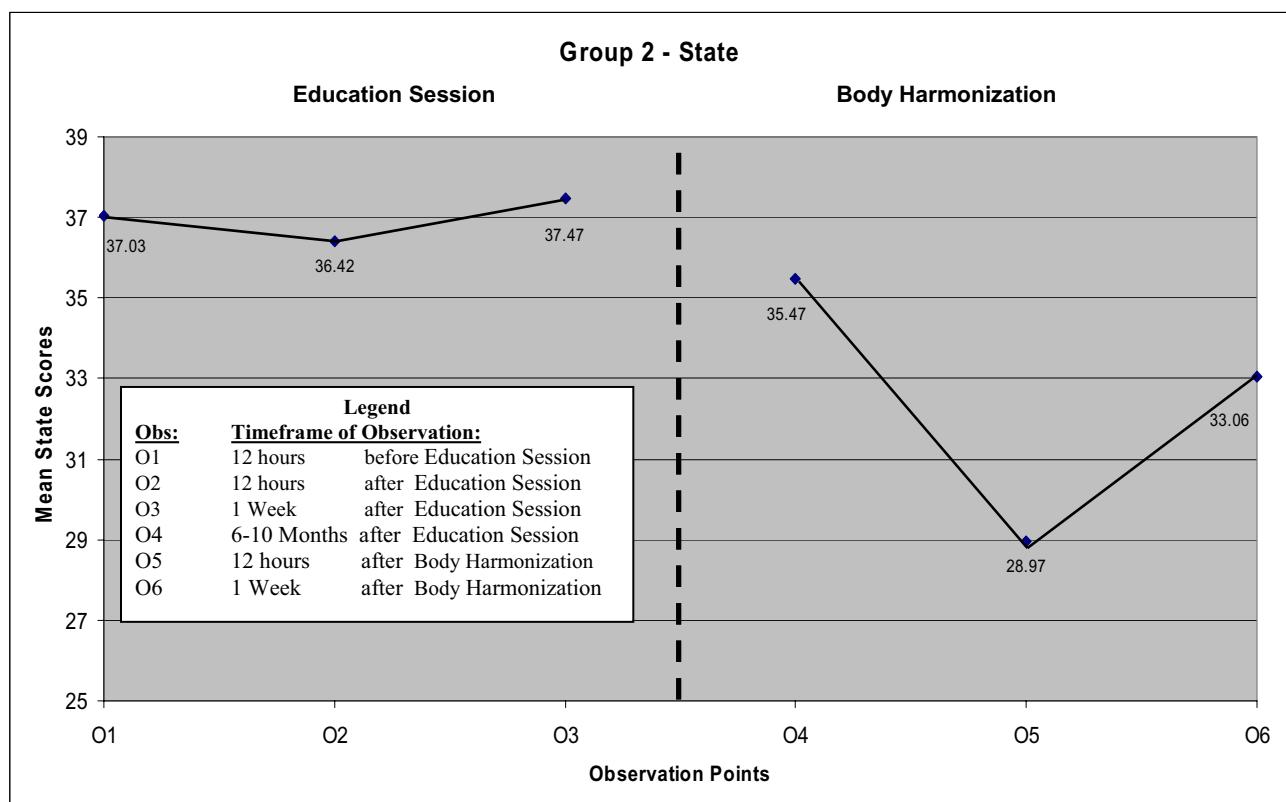
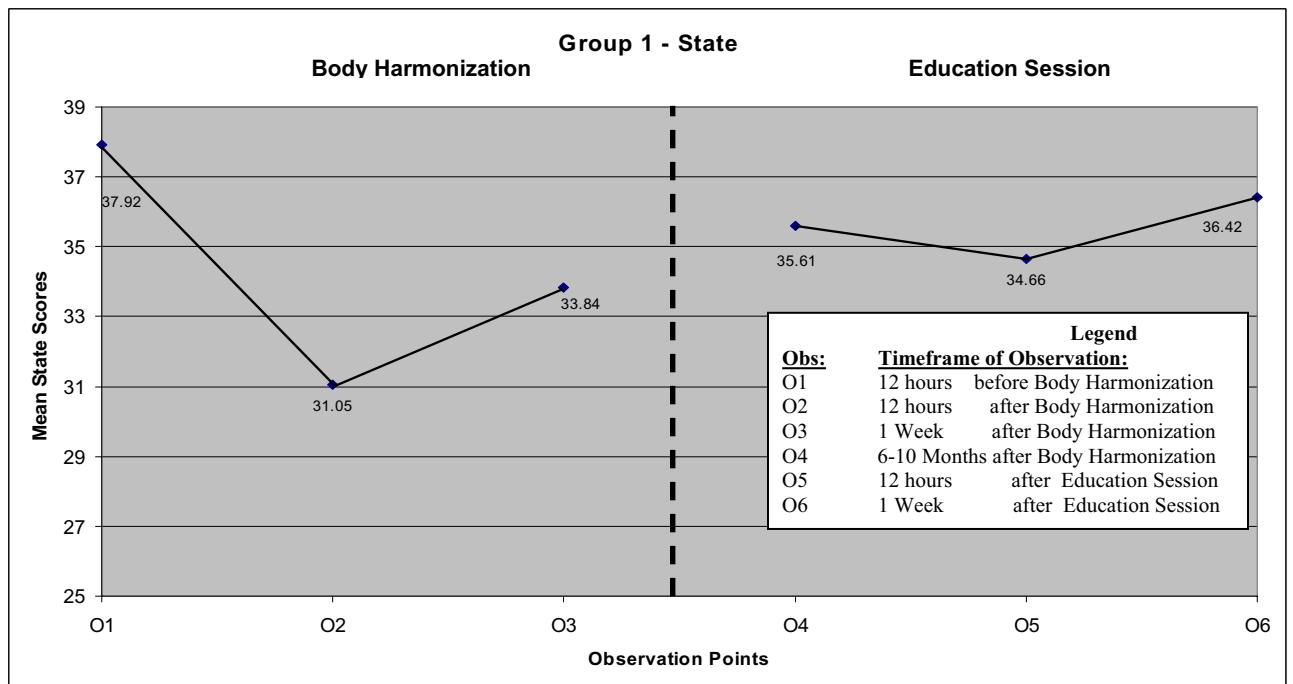
<sup>μμμ</sup> This paired samples t-test did not yield a statistically significant difference between Pre-ED ( $O_1$ ) and Pre-BH ( $O_4$ ) data points,  $t(35)=.900$ ,  $p=.374$ .

<sup>μμμ μμ</sup> This paired samples t-test yielded a statistically significant difference between Pre-ED ( $O_1$ ) and One-week After BH ( $O_6$ ) data points,  $t(35)=2.162$ ,  $p<.05$ .

### Graph of Mean State Scores: Groups 1 and 2

Figure 1. shows graphs of the means of all of the data points from O<sub>1</sub> through to O<sub>6</sub> for both groups in both Period 1 and Period 2. It is interesting to note visually that the lines on the graphs are at almost the same angulation for both the Body Harmonization<sup>©</sup> sessions and both the Education Sessions in Groups 1 and 2.

Figure 1. Graph of Mean State Anxiety Scores: Groups 1 and 2



## Summary of State Significant Values

Table 5 is a simplified visual summary of the significant values for paired t-tests for all of the paired samples in both Groups. Since there was no intervention and the time period was greater than 6 months, the One-week After BH (O<sub>3</sub>) Body Harmonization<sup>©</sup> and the Pre-ED (O<sub>4</sub>) Education Session data points paired samples t-test was not significant, as expected.

**Table 5. Summary of State Significant Values for Paired Sample T-tests:  
Both Groups**

<b>Group 1</b> Period 1: Body Harmonization <sup>©</sup> Period 2: Education Session		<b>Group 2</b> Period 1: Education Session Period 2: Body Harmonization <sup>©</sup>	
<b>Period 1</b>	<b>O<sub>1</sub> to O<sub>2</sub></b> p< .001	O <sub>1</sub> to O <sub>2</sub>	NS
	<b>O<sub>1</sub> to O<sub>3</sub></b> p< .01	O <sub>1</sub> to O <sub>3</sub>	NS
<b>Period 2</b>	O <sub>4</sub> to O <sub>5</sub> NS	<b>O<sub>4</sub> to O<sub>5</sub></b> p< .001	
	O <sub>4</sub> to O <sub>6</sub> NS	O <sub>4</sub> to O <sub>6</sub>	NS
<b>Significance over Time</b>			
<b>6-10 Months</b>	O <sub>1</sub> to O <sub>4</sub> NS	O <sub>1</sub> to O <sub>4</sub>	NS
	O <sub>1</sub> to O <sub>6</sub> NS	<b>O<sub>1</sub> to O<sub>6</sub></b> p< .05	
	O <sub>3</sub> to O <sub>4</sub> NS	O <sub>3</sub> to O <sub>4</sub>	NS

### Independent Samples T-Test for State Scores

In order to compare the differences between the two groups, independent samples t-tests were done. When comparing the two groups at the beginning of the project, ( $O_1$ ) Pre-State level, this independent t-test for state scores did not yield a statistically significant difference between Group 1 and Group 2. There was only a .61 difference in the mean scores of the groups indicating the groups were similar (Table 6). At the ( $O_2$ ) Post-State data point, this independent t-test yielded a statistically significant difference between the Group 1 (receiving the Body Harmonization<sup>©</sup> session) and the Group 2 (receiving the Education Session) data points,  $t(72)=2.086$ ,  $p<.05$ . The difference in the mean scores between the two groups was more than 5 points (5.4) (see Table 6). This indicates the groups were different after they received the interventions.

At the ( $O_3$ ) One-week After State data point, this independent t-test did not yield a statistically significant difference between the two groups' data points. At the One-week data point, the Body Harmonization<sup>©</sup> group mean indicated that it was at a level of less state anxiety than the Education Session group but not at a level of statistical significance. While the Pre-State means at the ( $O_4$ ) six to ten months later were not significant, the means were almost identical (.14 points difference).

At the ( $O_5$ ) Post-State data point, the independent t-test was significant indicating that there was a difference between the two groups after the intervention  $t(72)=-2.354$ ,  $p<.05$ . A surprising observation is that the difference (5.35) in the means between the scores in Groups 1 and 2 was exactly the same in both Period 1 and in Period 2, 6 months to 10 months later. (See Table 6.)

The data point ( $O_6$ ) One-week After the intervention was not significant.

Table 6. Independent T-test for State Scores

Group 1 (Body Harmonization First) and Group 2 (Education Session First)

	Group 1		Group 2	
	M	SD	M	SD
Period 1	n=38		n=36	
O <sub>1</sub> Pre-State <sup>∞∞</sup>	37.92	11.21	37.03	9.59
O <sub>2</sub> Post-State <sup>∞∞∞ ∞∞</sup>	31.05	8.97	36.42	12.91
O <sub>3</sub> One-week State <sup>∞∞∞ ∞</sup>	33.84	10.73	37.47	11.78
6-10 months later				
	Group 1		Group 2	
	M	SD	M	SD
Period 2	n=38		n=36	
O <sub>4</sub> Pre-State <sup>∞</sup>	35.61	11.05	35.47	9.61
O <sub>5</sub> Post-State <sup>∞∞∞ ∞∞∞</sup>	34.66	11.98	29.29	8.38
O <sub>6</sub> One-week State <sup>∞∞∞</sup>	36.42	12.98	33.06	11.19

<sup>∞∞∞</sup> This independent t-test did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72) = -.368$ ,  $p = .71$ .

<sup>∞∞∞ ∞∞</sup> This independent t-test yielded a statistically significant difference between Group 1 and Group 2 data points,  $t(72) = 2.086$ ,  $p < .05$ .

<sup>∞∞∞ ∞</sup> This independent t-test did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72) = 1.387$ ,  $p = .17$ .

<sup>∞</sup> This independent t-test did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72) = -.055$ ,  $p = .956$ .

<sup>∞∞∞ ∞∞∞</sup> This independent t-test yielded a statistically significant difference between Group 1 and Group 2 data points,  $t(72) = -2.354$ ,  $p < .05$ .

<sup>∞∞∞</sup> This independent t-test did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72) = -1.192$ ,  $p = .237$ .

## **Trait Scores**

### **Paired Samples T-Test**

#### Group 1 Trait Paired Sample T-tests

The null hypothesis was not upheld for the trait scores in Group 1. There was a statistically significant difference between ( $O_1$ ) Pre and ( $O_2$ ) Post data points in the Body Harmonization<sup>©</sup> intervention, when the paired samples t-test was conducted,  $t(37)=2.376$ ,  $p<.05$  (see Table 7). The Pre-BH ( $O_1$ ) trait mean score dropped by 1.6 points when compared to the Post-session score (Table 7). There was a highly statistically significant difference between the Pre-BH ( $O_1$ ) Pre-Body Harmonization<sup>©</sup> and One-week After BH ( $O_3$ ) data points,  $t(36)=4.353$ ,  $p<.001$  with a reduction in the trait anxiety means of 3.39 points. (see Table 7)

Table 7. Mean Measures for Trait Anxiety Scores: Group 1

Data Points O <sub>1</sub> -O <sub>6</sub>					
Period 1: Body Harmonization <sup>©</sup> (BH); Period 2: Education Session (ED)					
	Pre-BH (O <sub>1</sub> )			Post-BH (O <sub>2</sub> )	
	M	SD	n=38	M	SD
Trait <sup>+++</sup>	40.84	12.15			
	Pre-BH (O <sub>1</sub> )			One-week After BH (O <sub>3</sub> )	
	M	SD	n=38	M	SD
Trait <sup>+++++</sup>	40.84	12.15			
	Pre-ED (O <sub>4</sub> )			Post-ED (O <sub>5</sub> )	
	M	SD	n=38	M	SD
Trait <sup>++</sup>	39.13	12.35			
	Pre-ED (O <sub>4</sub> )			One-week After ED (O <sub>6</sub> )	
	M	SD	n=38	M	SD
Trait <sup>++++</sup>	39.13	12.35			

<sup>+++</sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>1</sub>) and Post BH (O<sub>2</sub>) data points,  $t(36)=2.376, <.05$ .

<sup>++++</sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>1</sub>) and One-week BH (O<sub>3</sub>) data points,  $t(36)=4.353, p<.001$ .

<sup>++</sup>This paired samples t-test yielded a statistically significant difference between Pre-ED (O<sub>4</sub>) and Post ED (O<sub>5</sub>) data points,  $t(36)=2.327, p<.05$ .

<sup>++++</sup>This paired samples t-test yielded a statistically significant difference between Pre-ED (O<sub>4</sub>) and One-week ED (O<sub>6</sub>) data points,  $t(36)=2.987, p<.01$ .

### Group 1 Stability of Trait Scores Over Time

There was no statistical significance between the baseline pre-session Pre-BH (O<sub>1</sub>) Body Harmonization<sup>©</sup> data point and the Pre-ED (O<sub>4</sub>) Pre-Education Session data point taken 6 to 10 months later.

However, there was a high degree of statistical significance in the last paired samples t-test for Group 1: the very first data point (O<sub>1</sub>) Pre-Body Harmonization<sup>©</sup> and the very last data point One-week After ED (O<sub>6</sub>) Education Session,  $t(37)=4.754$ ,  $p<.001$ . There was a 4.1 point difference in the mean scores of these two observation points. This seems to indicate that the decrease in trait anxiety was stable over time. (See [Table 8](#).)

[Table 8. Mean Measures for Trait Anxiety Scores over Time: Group 1](#)

Data Points O<sub>1</sub>-O<sub>4</sub>; O<sub>1</sub>-O<sub>6</sub>  
Period 1: Body Harmonization<sup>©</sup> (BH); Period 2: Education Session (ED)

	Pre-BH (O <sub>1</sub> )		Pre-ED (O <sub>4</sub> )	
	M	SD	M	SD
Trait <sup>+</sup>	40.84	12.15	39.13	12.35
$n=38$				
	Pre-BH (O <sub>1</sub> )		One-week After ED (O <sub>6</sub> )	
	M	SD	M	SD
Trait <sup>++++</sup>	40.84	12.15	36.79	12.18
$n=38$				

<sup>+</sup>This paired samples t-test did not yield a statistically significant difference between Pre-BH (O<sub>1</sub>) and Pre-ED (O<sub>4</sub>) data points,  $t(37)=1.496$ ,  $p=.14$ .

<sup>++++</sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>1</sub>) and One-week ED (O<sub>6</sub>) data points,  $t(37)=4.754$ ,  $p<.001$ .

### Group 2 Trait Paired Sample T-tests

There was no statistically significant difference between the Pre-ED ( $O_1$ ) Education Session and the Post-ED ( $O_2$ ) Education Session data points when paired t-tests were conducted. The same was true for the Pre-ED ( $O_1$ ) and the One-week After ED ( $O_3$ ) Education Session data points.

In Period 2, there were statistically significant differences between Pre-BH ( $O_4$ ) and Post-BH ( $O_5$ ) Body Harmonization<sup>©</sup> data points when the paired samples t-test was done,  $t(35)=2.745$ ,  $p<.01$ , as well as between Pre-BH ( $O_4$ ) and One-week After BH ( $O_6$ ),  $t(35)=4.235$ ,  $p<.001$ . (See Table 9.) This was the same pattern as was seen in Group 1 Body Harmonization<sup>©</sup> intervention paired sample t-tests.

Table 9. Mean Measures for Trait Anxiety Scores: Group 2

Data Points O <sub>1</sub> -O <sub>6</sub> Period 1: Education Session (ED); Period 2: Body Harmonization <sup>©</sup> (BH)					
	Pre-ED (O <sub>1</sub> )		Post-ED (O <sub>2</sub> )		
	M	SD		M	SD
Trait <sup>^</sup>	38.72	10.17	n=36		
Trait <sup>^</sup>	38.72	10.17	37.36	9.36	
	Pre-ED (O <sub>1</sub> )		One-week After ED (O <sub>3</sub> )		
	M	SD		M	SD
Trait <sup>^</sup>	38.72	10.17	n=36	36.89	10.14
	Pre-BH (O <sub>4</sub> )		Post-BH (O <sub>5</sub> )		
	M	SD		M	SD
Trait <sup>^</sup>	38.39	10.55	n=36	36.22	9.62
	Pre-BH (O <sub>4</sub> )		One-week After BH (O <sub>6</sub> )		
	M	SD		M	SD
Trait <sup>^</sup>	38.39	10.55	n=36	35.81	9.75

<sup>^</sup>This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>1</sub>) and Post ED (O<sub>2</sub>) data points, t(35)=1.374, p=.18.

<sup>^</sup>This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>1</sub>) and One-week ED (O<sub>3</sub>) data points, t(35)=1.923, p=.063.

<sup>^</sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>4</sub>) and Post BH (O<sub>5</sub>) data points, t(35)=2.745, p<.01.

<sup>^</sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>4</sub>) and One-week BH (O<sub>6</sub>) data points, t(35)=4.235, p<.001.

## Group 2 Stability of Trait Scores Over Time

There was no statistically significant difference between Pre-Education Pre-ED ( $O_1$ ) and Pre-Body Harmonization<sup>©</sup> Pre-BH ( $O_4$ ); the Pre-ED ( $O_1$ ) and the One-week BH ( $O_6$ ) data points when the paired samples t-test was done in the on these pairs in Group 2. (See Table 10.)

Table 10. Mean Measures for Trait Anxiety Scores over Time: Group 2

Data Points  $O_1-O_4$ ;  $O_1-O_6$ , for Group 2  
Period 1: Education Session (ED); Period 2: Body Harmonization<sup>©</sup> (BH)

	Pre-ED ( $O_1$ )		Pre-BH ( $O_4$ )	
	M	SD	M	SD
Trait <sup>^</sup>	38.72	10.17	38.39	10.55
$n=36$				
	Pre-ED ( $O_1$ )		One-week After BH ( $O_6$ )	
	M	SD	M	SD
Trait <sup>^^</sup>	38.72	10.17	35.81	9.75
$n=36$				

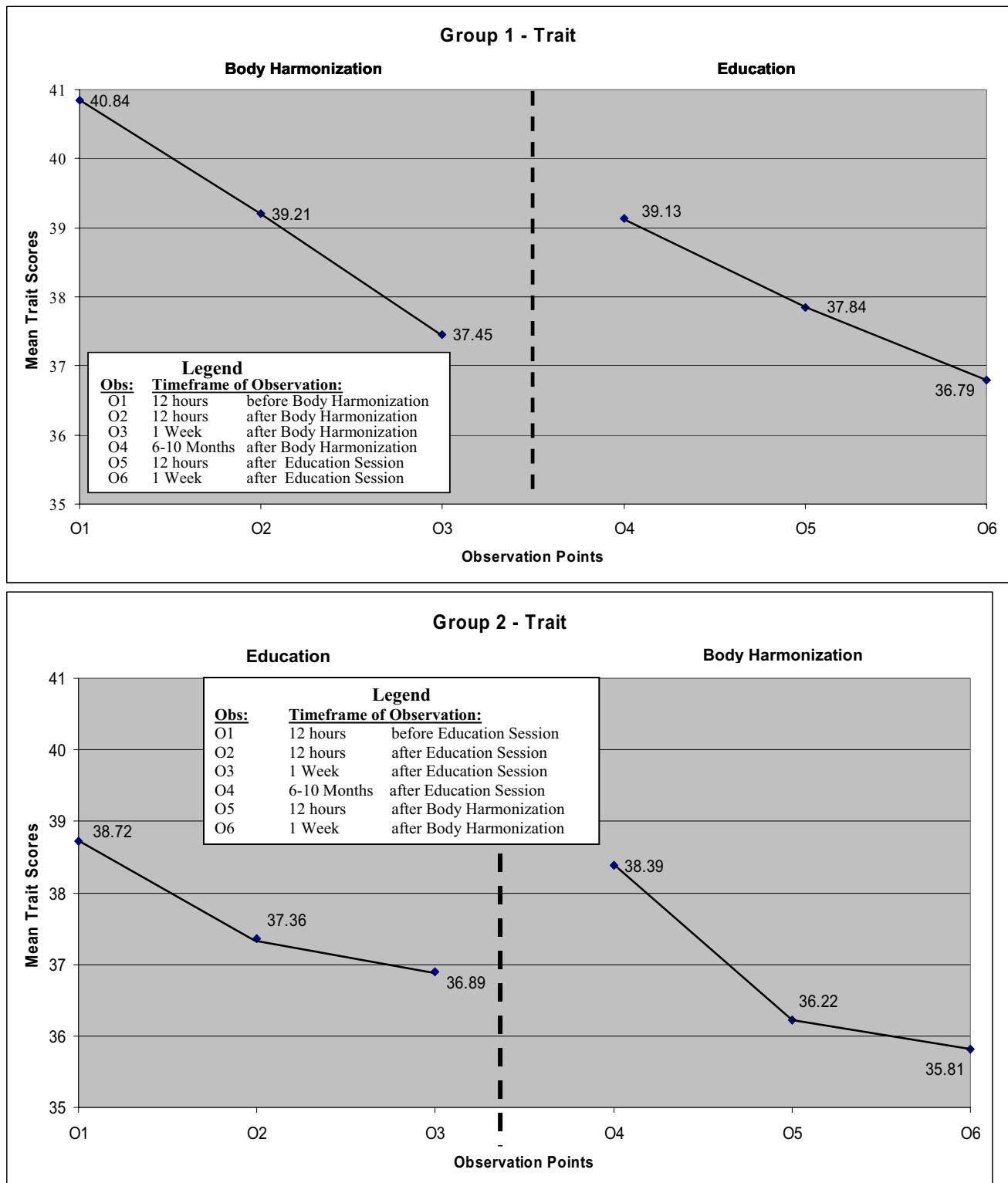
<sup>^</sup>This paired samples t-test did not yield a statistically significant difference between Pre-BH ( $O_1$ ) and Pre-ED ( $O_4$ ) data points,  $t(35)=.214$ ,  $p=.83$ .

<sup>^^</sup>This paired samples t-test did not yield a statistically significant difference between Pre-BH ( $O_1$ ) and One-week ED ( $O_6$ ) data points,  $t(35)=1.833$ ,  $p=.075$ .

## Graph of Mean of Trait Scores

Figure 2 shows graphs of the means of all of the data points from ( $O_1$ ) through to ( $O_6$ ) for both groups in both Period 1 and Period 2. It is interesting to note visually that the lines on the graphs have almost the same angulation for both the Body Harmonization<sup>©</sup> sessions and both the Education Sessions in Groups 1 and 2. This was also what was seen in Figure 1 Graph of Mean State Anxiety Scores.

Figure 2. Graph of Mean Trait Anxiety Scores: Groups 1 and 2



### Summary of Trait Significant Values

Table 11. is a simplified visual summary of the significant values for paired t-tests for all of the paired samples Trait Scores in both Groups. The One-week After ED ( $O_3$ ) and the Pre-BH ( $O_4$ ) data points were not significant as expected since the period between those two data points was six to ten months and there was no intervention.

Table 11. **Summary of Trait Significant Values for Paired Sample T-tests:**  
Both Groups

Group 1		Group 2	
Period 1: Body Harmonization <sup>©</sup>		Period 1: Education Session	
Period 2: Education Session		Period 2: Body Harmonization <sup>©</sup>	
<b>Period 1</b>	<b><math>O_1</math> to <math>O_2</math></b> $p < .05$	$O_1$ to $O_2$	NS
	<b><math>O_1</math> to <math>O_3</math></b> $p < .001$	$O_1$ to $O_3$	NS
<b>Period 2</b>	<b><math>O_4</math> to <math>O_5</math></b> $p < .05$	<b><math>O_4</math> to <math>O_5</math></b>	$p < .01$
	<b><math>O_4</math> to <math>O_6</math></b> $p < .01$	<b><math>O_4</math> to <math>O_6</math></b>	$p < .001$
<b>Significance over Time</b>			
<b>6-10 Months</b>	$O_1$ to $O_4$ NS	$O_1$ to $O_4$	NS
	<b><math>O_1</math> to <math>O_6</math></b> $p < .001$	$O_1$ to $O_6$	NS
	$O_3$ to $O_4$ NS	$O_3$ to $O_4$	NS

### Independent Samples T-Test for Trait Anxiety Scores

The two groups were compared with each other using the independent samples t-test. None of these tests yielded a statistically significant difference in the Pre-trait mean scores between Group 1 and the Group 2 data points. (See [Table 12](#) for all the mean scores.) This indicates that the groups were similar.

**Table 12. Independent T-test for Trait Scores**

Group 1 (Body Harmonization<sup>©</sup> First) and Group 2 (Education Session First)

	Group 1		Group 2	
	M	SD	M	SD
Period 1	n=38		n=36	
O <sub>1</sub> Pre-Trait <sup>### ###</sup>	40.84	12.15	38.72	10.17
O <sub>2</sub> Post- Trait <sup>### ##</sup>	39.21	11.52	37.36	9.36
O <sub>3</sub> One-week Trait <sup>#</sup>	37.45	11.43	36.89	10.14
<hr/> 6-10 months later <hr/>				
Period 2	Group 1		Group 2	
	M	SD	M	SD
O <sub>4</sub> Pre-Trait <sup>##</sup>	39.13	12.35	38.39	10.55
O <sub>5</sub> Post-Trait <sup>### #</sup>	37.84	12.35	36.22	9.62
O <sub>6</sub> One-week Trait <sup>###</sup>	36.79	12.18	35.81	9.75

### ### This independent t-test did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72)= .812$ ,  $p=.42$ .

### ## This independent t-test did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72)= .756$ ,  $p=.45$

# This independent t-test did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72)= .222$ ,  $p=.83$ .

## This independent t-test did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72)= .278$ ,  $p=.78$ .

### # This independent t- did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72)= .627$ ,  $p=.53$ .

### This independent t-test did not yield a statistically significant difference between Group 1 and Group 2 data points,  $t(72)= .382$ ,  $p=.703$ .

## **Zung Self-rating Depression Scale (SDS) Index**

### **Paired Samples T-Test**

In order to assess the overall reduction in levels of depression, the Zung SDS was administered at the Pre-session, Post-session, and the One-week after session data points, in Period 1 and Period 2 for both groups. The Zung raw scores were converted to the SDS Index according to the formula cited by Zung (Index = raw score total divided by the maximum score of 80 multiplied by 100).<sup>3</sup>

The SDS Index is a measure of how depressed a patient is “in terms of an operable definition and expressed in percentage.”<sup>4</sup> The results of the comparisons of SDS indices are discussed here. To examine whether or not there is a difference in the level of depression, between the Pre-session and the Post-session data points, paired t-tests were conducted for both groups.

While 26 subjects did have scores above 50; this sample as a group was not clinically depressed, as that would require a mean group score of above 50 (below 50 is within normal range with no psychopathology<sup>5</sup>) on the Zung Self-Rated Depression Scale (SDS).

#### **Group 1 SDS Paired Sample T-tests**

As noted in Table 13, there was a statistically significant difference between Pre-Body Harmonization<sup>©</sup> Pre-BH ( $O_1$ ) and Post-session Body Harmonization<sup>©</sup> Post-BH ( $O_2$ ) data points,  $t(37)=2.261$   $p<.05$  with a 1.8 point difference in the Pre and Post means for the intervention A group. Paired sample t-tests were highly significant for the Pre-Body Harmonization<sup>©</sup> Pre-BH ( $O_1$ ) and One-week After BH ( $O_3$ ) data points,  $t(37)=5.958$   $p<.001$  with a 4.39 point difference in the Pre and One-week means for the intervention A group. The paired sample t-tests that were done at the Pre-session and the One-week

data points for the intervention group, were the strongest paired samples in the SDS series of paired sample t-tests.

In the same table, it is apparent that there was no statistically significant difference between Pre-ED ( $O_4$ ) and Post-ED ( $O_5$ ) data points as well as the Pre-ED ( $O_4$ ) and One-week After ED ( $O_6$ ) with the very little change in the mean SDS scores for the Education Session which were received in Period 2 for this group.

**Table 13. Mean Measures for SDS Anxiety Scores: Group 1**

Data Points O<sub>1</sub>-O<sub>6</sub>

Period 1: Body Harmonization<sup>©</sup> (BH); Period 2: Education Session (ED)

	Pre-BH (O <sub>1</sub> )		Post-BH (O <sub>2</sub> )		
	M	SD	M	SD	
SDS <sup>&gt;&gt;</sup>	48.13	12.53	n=38	46.29	10.66
	Pre-BH (O <sub>1</sub> )		One-week After BH (O <sub>3</sub> )		
	M	SD	M	SD	
SDS <sup>&gt;&gt;&gt;</sup>	48.13	12.53	n=38	43.74	11.40
	Pre-ED (O <sub>4</sub> )		Post-ED (O <sub>5</sub> )		
	M	SD	M	SD	
SDS <sup>&gt;&gt;</sup>	44.39	11.62	n=38	43.47	12.55
	Pre-ED (O <sub>4</sub> )		One-week After ED (O <sub>6</sub> )		
	M	SD	M	SD	
SDS <sup>&gt;</sup>	44.39	11.62	n=38	43.53	12.59

<sup>>></sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>1</sub>) and Post BH (O<sub>2</sub>) data points,  $t(37)=2.261$ ,  $p < .05$ .

<sup>>>></sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>1</sub>) and One-week BH (O<sub>3</sub>) data points,  $t(37)=5.958$ ,  $p < .001$ .

<sup>></sup>This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>4</sub>) and Post ED (O<sub>5</sub>) data points,  $t(37)=1.575$ ,  $p = .124$ .

<sup>></sup>This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>4</sub>) and One-week ED (O<sub>6</sub>) data points,  $t(37)=1.236$ ,  $p = .224$ .

### Group 1 Stability of SDS Scores Over Time

These paired t-tests were the most interesting ones found in the 6 to 10 month research. There was a statistical significant difference between the baseline Pre-Body Harmonization<sup>©</sup> Pre-BH (O<sub>1</sub>) which was at the very beginning of the research project and the data point which occurred 6 to 10 months later Pre-ED (O<sub>4</sub>) before the next intervention, the Education Session was received,  $t(37)=3.576$ ,  $p<.01$ . There was a very strong statistical significance between the Pre-Body Harmonization<sup>©</sup> Pre-BH (O<sub>1</sub>), the first data point and the One-week After ED (O<sub>6</sub>), which was the last data point, again six to 10-months later, which strongly suggests stability of lowered SDS scores for depression for at least six months.

**Table 14. Mean Measures for SDS Anxiety Scores over Time: Group 1**

Data Points O<sub>1</sub>-O<sub>4</sub>, O<sub>1</sub>-O<sub>6</sub>  
Period 1: Body Harmonization<sup>©</sup> (BH); Period 2: Education Session (ED)

	Pre-BH (O <sub>1</sub> )		Pre-ED (O <sub>4</sub> )	
	M	SD	M	SD
SDS <sup>&gt;&gt;&gt;</sup>	48.13	12.53	44.39	11.62
	<i>n</i> =38			
	Pre-BH (O <sub>1</sub> )		One-week After ED (O <sub>6</sub> )	
	M	SD	M	SD
SDS <sup>&gt;&gt;&gt;&gt;</sup>	48.13	12.53	36.42	12.98
	<i>n</i> =38			

<sup>>>>></sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>1</sub>) and Pre-ED (O<sub>4</sub>) data points,  $t(37)=3.576$ ,  $p<.01$

<sup>>>>></sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>1</sub>) and One-week ED (O<sub>6</sub>) data points,  $t(37)=4.568$ ,  $p<.001$ .

### Group 2 SDS Paired Sample T-tests

Table 15 shows the paired samples t-test did not yield a statistically significant difference between the Pre-Education Pre-ED (O<sub>1</sub>) and the Post-ED (O<sub>2</sub>) data points, or the Pre-ED(O<sub>1</sub>) and One-week After ED (O<sub>3</sub>) data points in Period 1.

Similar to the result for the Body Harmonization<sup>©</sup> intervention seen in Group 1, there was a statistically significant difference between Pre-BH (O<sub>4</sub>) and Post BH (O<sub>5</sub>) data points,  $t(35)=3.048$ ,  $p<.01$ . The difference in the mean scores was slightly more than 2 points, indicating a decrease in the level of measurable depression. There was also statistical significance between the Pre-BH (O<sub>4</sub>) and Post BH (O<sub>5</sub>) data points,  $t(35)=2.989$ ,  $p<.01$  with the difference in the means being 2.6 points.

Table 15. Mean Measures for SDS Anxiety Scores: Group 2

Data Points O <sub>1</sub> -O <sub>6</sub>					
Period 1: Education Session (ED); Period 2: Body Harmonization <sup>©</sup> (BH)					
Pre-ED (O <sub>1</sub> )			Post-ED (O <sub>2</sub> )		
	M	SD		M	SD
n=36			n=36		
SDS <sup>&lt;&lt;</sup>	44.11	10.43		43.58	8.78
Pre-ED (O <sub>1</sub> )			One-week After ED (O <sub>3</sub> )		
	M	SD		M	SD
n=36			n=36		
SDS <sup>&lt;</sup>	44.11	10.43		43.14	10.06
Pre-BH (O <sub>4</sub> )			Post-BH (O <sub>5</sub> )		
	M	SD		M	SD
n=36			n=36		
SDS <sup>&lt;&lt;&lt;&lt;</sup>	43.92	9.59		41.78	9.17
Pre-BH (O <sub>4</sub> )			One-week After BH (O <sub>6</sub> )		
	M	SD		M	SD
n=36			n=36		
SDS <sup>&lt;&lt;&lt;&lt;</sup>	43.92	9.59		41.36	9.03

<sup><<</sup>This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>1</sub>) and Post ED (O<sub>2</sub>) data points,  $t(35)=.476$ ,  $p=.64$ .

<sup><</sup>This paired samples t-test did not yield a statistically significant difference between Pre-ED (O<sub>1</sub>) and One-week ED (O<sub>3</sub>) data points,  $t(35)=-1.0$ ,  $p=.32$ .

<sup><<<<</sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>4</sub>) and Post BH (O<sub>5</sub>) data points,  $t(35)=3.048$ ,  $p<.01$ .

<sup><<<<</sup>This paired samples t-test yielded a statistically significant difference between Pre-BH (O<sub>4</sub>) and One-week BH (O<sub>6</sub>) data points,  $t(35)=2.989$ ,  $p=.01$ .

## Group 2 Stability of SDS Scores Over Time

Paired sample t-tests did not yield a statistically significant difference between Pre-ED ( $O_1$ ) Education and Pre-BH ( $O_4$ ) Body Harmonization<sup>©</sup>; the Pre-ED ( $O_1$ ) Education and the One-week BH ( $O_6$ ) data points when the paired samples t-test was done in the on these pairs in Group 2. (See [Table 16](#).)

[Table 16. Mean Measures for SDS Anxiety Scores over Time: Group 2](#)

Data Points  $O_1-O_4$ ;  $O_1-O_6$ ; for Group 2  
Period 1: Education Session (ED); Period 2: Body Harmonization<sup>©</sup> (BH)

	Pre-ED ( $O_1$ )		Pre-BH ( $O_4$ )	
	M	SD	M	SD
SDS <sup>&lt;&lt;</sup>	44.11	10.43	43.92	9.59
$n=36$				
	Pre-ED ( $O_1$ )		One-week After BH ( $O_6$ )	
	M	SD	M	SD
SDS <sup>&lt;&lt;&lt;</sup>	44.11	10.43	41.36	9.03
$n=36$				

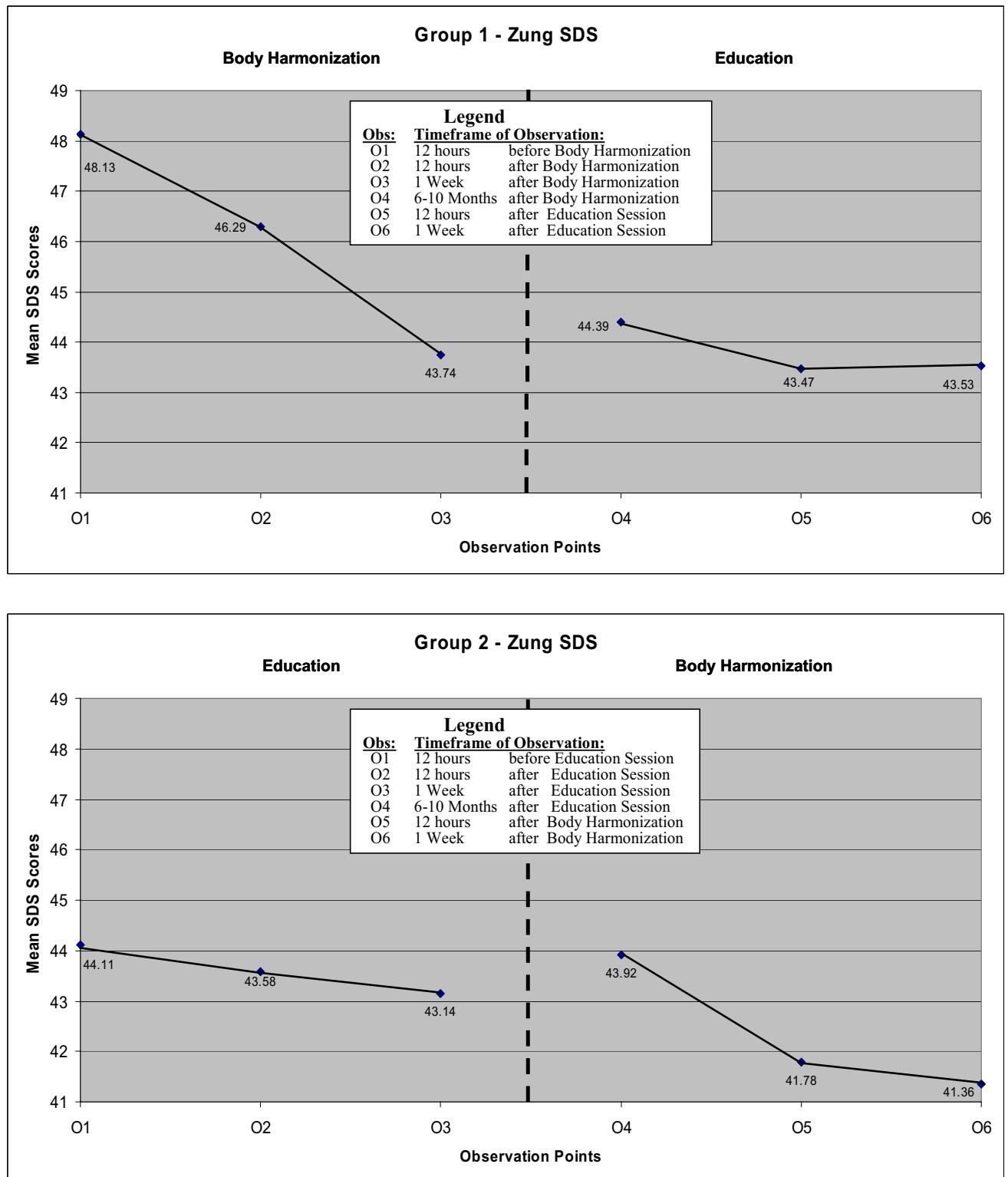
<sup><<</sup>This paired samples t-test did not yield a statistically significant difference between Pre-ED ( $O_1$ ) and Pre-BH ( $O_4$ ) data points,  $t(35)=.116$ ,  $p=.91$ .

<sup><<<</sup>This paired samples t-test did not yield a statistically significant difference between Pre-ED ( $O_1$ ) and One-week After BH ( $O_6$ ) data points,  $t(35)=1.651$ ,  $p=.11$ .

### Graph of Mean SDS Scores

Figure 3 shows graphs of the means of all of the data points from ( $O_1$ ) through to ( $O_6$ ) for both groups in both Period 1 and Period 2. It is interesting to note visually that the lines on the graphs are similar for both the Body Harmonization<sup>©</sup> sessions, and both the Education Sessions in Groups 1 and 2.

Figure 3. Graph of Mean SDS Scores: Groups 1 and 2



## Summary of SDS Significant p Values

The significant p values are summarized in Table 17. Here it is evident that the scores of the groups receiving Body Harmonization<sup>©</sup> interventions showed statistically significant changes, while the Education Sessions did not. This table also strongly suggests that a 45-minute Body Harmonization<sup>©</sup> session does reduce measurable depression and it is stable over time when compared with an Education Session. Once again the paired t-tests for (O<sub>3</sub>) to (O<sub>4</sub>) were not significant in Group 1 and Group 2.

Table 17. Summary of SDS Significant Values for Paired Sample T Tests:

### Both Groups

<b>Group 1</b>		<b>Group 2</b>	
Period 1: Body Harmonization <sup>©</sup>		Period 1: Education Session	
Period 2: Education Session		Period 2: Body Harmonization <sup>©</sup>	
<b>Period 1</b>	<b>O<sub>1</sub> to O<sub>2</sub></b> p< .05	O <sub>1</sub> to O <sub>2</sub> NS	
	<b>O<sub>1</sub> to O<sub>3</sub></b> p< .001	O <sub>1</sub> to O <sub>3</sub> NS	
<b>Period 2</b>	O <sub>4</sub> to O <sub>5</sub> NS	<b>O<sub>4</sub> to O<sub>5</sub></b> p<.01	
	O <sub>4</sub> to O <sub>6</sub> NS	<b>O<sub>4</sub> to O<sub>6</sub></b> p<.01	
<b>Significance over Time</b>			
<b>6-10 Months</b>	<b>O<sub>1</sub> to O<sub>4</sub></b> p<.01	O <sub>1</sub> to O <sub>4</sub> NS	
	<b>O<sub>1</sub> to O<sub>6</sub></b> p<.001	O <sub>1</sub> to O <sub>6</sub> NS	
	O <sub>3</sub> to O <sub>4</sub> NS	O <sub>3</sub> to O <sub>4</sub> NS	

### Independent Samples T-Test for SDS Scores

Groups 1 and 2 were compared by running the independent samples t-tests for the Zung SDS scores. None of these tests yielded a statistically significant difference in the mean scores between Group 1 and Group 2 ( $O_1$ ) to ( $O_6$ ) data points. (See Table 18. for all the mean scores.) This table also shows that the Pre-session Pre-BH ( $O_1$ ) mean score for the Group 1 started at a higher level of measurable depression than Group 2 Pre-ED ( $O_1$ ) score, with a difference between the two groups of 4.02. ( $O_3$ )

It is interesting to note, however, that the Group 1 Body Harmonization<sup>©</sup> mean score decreased in the post-SDS ( $O_2$ ) data point by 1.8 points, and again by 2.6 points at the One-week After SDS ( $O_3$ ) data point for a total decrease of 4.4 points. The mean of Group 2 (Education Session) changed by less than a point (.6) from Pre-SDS ( $O_1$ ) to One-week SDS ( $O_3$ ) (See Table 18.) Group 1 while beginning at a level of greater measured depression than the Group 2 (4.23), ended at the One-week Zung SDS ( $O_3$ ) with a mean score of even less than that of Group 2 (.37 difference). This seems to indicate that Group 1 became less depressed. However, the mean score of Group 2 was changed by less than a point (.97).

**Table 18. Independent T-test for SDS Scores for Depression:**

Group 1 (Body Harmonization<sup>©</sup> First) and Group 2 (Education Session First) Data points

PhD	Group 1			Group 2		
	M	n=38	SD	M	n=36	SD
O <sub>1</sub> Pre-SDS <sup>@@@ @@@</sup>	48.13		12.53		N=74	44.11
O <sub>2</sub> Post-SDS <sup>@@@ @@@</sup>	46.29		10.66		N=74	43.58
O <sub>3</sub> One-week SDS <sup>@@</sup>	43.74		11.40		N=74	43.14
<hr/>						
6-10 months later						
PhD	Group 1			Group 2		
	M	n=38	SD	M	n=36	SD
O <sub>4</sub> Pre-SDS <sup>@</sup>	44.39		11.62		N=74	43.92
O <sub>5</sub> Post-SDS <sup> @@@</sup>	43.47		12.55		N=74	41.78
O <sub>6</sub> One-week SDS <sup>@@@ @</sup>	43.53		12.59		N=74	41.36
<hr/>						

@@@ @@@ This independent t-test did not yield a statistically significant difference between Group 1 and the Group 2 data points,  $t(72)=1.496$ ,  $p=.14$ .

@@@ @@ This independent t-test did not yield a statistically significant difference between Group 1 and the Group 2 data points,  $t(72)=1.188$ ,  $p=.24$ .

@@ This independent t-test did not yield a statistically significant difference between Group 1 and the Group 2 data points,  $t(72)=.239$ ,  $p=.81$ .

© This independent t-test did not yield a statistically significant difference between Group 1 and the Group 2 data points,  $t(72)=.192$ ,  $p=.85$ .

@@@ This independent t-test did not yield a statistically significant difference between Group 1 and the Group 2 data points,  $t(72)=.661$ ,  $p=.51$ .

@@@ @This independent t-test did not yield a statistically significant difference between Group 1 and the Group 2 data points,  $t(72)=..846$ ,  $p=.40$ .

## **Descriptive Statistics**

### **Verbal Feedback**

At the end of each Body Harmonization<sup>©</sup> or Education Session, each subject was asked by the investigator, “How do you feel now compared to how you felt when you came, at the beginning of the session?” Nothing else was asked and no vocabulary was suggested. The investigator recorded their responses in the words of the subject on the form that was used to hand record the details of the baseline concerns, goal, and energy balancing session. These comments included different words with common themes in both the Body Harmonization<sup>©</sup> groups and the Education Intervention groups. In addition, some of the subjects also gave unsolicited feedback on how they were feeling and the impact that the session had on them when they returned the One-week questionnaire. Still others contacted the investigator simply to offer feedback. All of the comments are noted in the appendix I as quotes. A comparison of the most common terms the subjects used to describe how they felt is recorded in [Table 26](#).

In Chapter 4 titled DISCUSSION, some of the possible reasons for these results in the statistical analysis are considered, along with the strengths and weaknesses of this particular research project. There is a discussion about further research and the implications of what the results of this research may be for health care professionals, the general population, as well as for the field of energy medicine and spiritual healing.

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#### **CHAPTER 3 Endnotes**

<sup>1</sup> Anonymous proverb quoted by Victor Frank, *Dynamics of Total Body Modification™ Workbook, Module 3*, (Sandy, Utah: by the author, 1999), 49.

<sup>2</sup> Zung, W.W.K.: A self-rating depression scale. *Arch. Gen. Psychiat.*, 12 (1965), 63-70.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

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<sup>5</sup> William W. K. Zung, “The Measurement of Depression,” *CIBA Pharmaceutical Company*, Summit, New Jersey: CIBA-GEIGY Corporation: 1981, 1.

## **CHAPTER 4: DISCUSSION**

*“Nothing can be taught to the mind  
which is not already concealed  
as potential knowledge in the unfolding soul.  
All teaching is revealing, all becoming is an unfolding.”*

*~Sri Aurobindo*

### **Did Body Harmonization<sup>©</sup> Have an Impact on Depression and Anxiety?**

According to the results of this research, Body Harmonization suggests to be a very powerful intervention. The hypothesis was upheld for both anxiety and depression. The measurable levels of anxiety and depression did significantly decrease as determined by the STAI and SDS instruments. This research strongly suggests that a single 45-minute session of the Body Harmonization<sup>©</sup> intervention affected depression positively and this effect remained stable for at least 6 months. This change was not evident for the groups receiving the Education Session. It seems that the format of the Body Harmonization<sup>©</sup> Session followed by the Education Session is the format that shows the most improvement over time.

The following is a summary and a discussion of these results. The focus of this discussion will be on the following periods: (O<sub>1</sub>) Pre-Session Period 1 to (O<sub>4</sub>) Pre-Session Period 2; (O<sub>1</sub>) Pre-Session Period 1 to (O<sub>6</sub>) One-week After Session Period 2; and the (O<sub>4</sub>) Pre-Session Period 2 to (O<sub>6</sub>) One-week After Session Period 2 data points.

Discussion on the Period 1 data points ( $O_1$ ) Pre-Session Period 1 to ( $O_3$ ) One-week After Session is found in appendix N.

### **Different Than a Crossover Study**

It is important to note that this was not a true crossover study. Both the groups in Period 2 have a history of receiving a prior intervention. While Groups 1 and 2 both received intervention A and intervention B; and the study did consist of a 2-period/2 intervention crossover design, Period 2 is not a replication of Period 1. Group 1 received Intervention B, the Education Session, *after* having received the Body Harmonization<sup>©</sup> session. Thus Group 1 had more information going into the Education Session than Group 2 did, and may have been influenced by having experienced the energy balancing procedure. In Period 2, both groups had experienced either the Body Harmonization<sup>©</sup> energy balancing procedure or the Education Session. The subjects who experienced the Body Harmonization<sup>©</sup> first, received the benefit for multiple months. It is not known whether Group 2 will receive that same benefit as the research project ended.

This chapter will discuss the following interventions: Body Harmonization<sup>©</sup>; Education Session; Education Session followed by Body Harmonization<sup>©</sup>; and Body Harmonization<sup>©</sup> followed by Education Session.

### **Data Points: ( $O_1$ ) to ( $O_4$ ); ( $O_1$ ) to ( $O_6$ ); and ( $O_4$ ) to ( $O_6$ )**

#### **Data Points ( $O_1$ ) Pre-Session Period 1 to ( $O_4$ ) Pre-Session Period 2**

The first point when data are collected was called Observation point 1 ( $O_1$ ) Pre-Session Period 1. The data were collected before any intervention was received by the subjects. Data point 4 ( $O_4$ ) Pre-Session Period 2, was the first point *before* the subjects received the second intervention. It occurred as early as six months after ( $O_1$ ) or as late as

ten months after ( $O_1$ ). Most of the subjects were seen 8 months after ( $O_1$ ). During that time there was no contact with the principle investigator. At the ( $O_4$ ) data point, all of the subjects had attended a single session with the principle investigator consisting of the ten-minute interview followed by a 45-minute Body Harmonization<sup>©</sup> energy balancing session or an Education Session, and a five-minute interview afterwards.

### Depression

Since the results on depression were the strongest, they will be discussed first.

#### *SDS Group 1: Data Points ( $O_1$ ) Pre-BH to ( $O_4$ ) Pre-ED*

The robust finding in this research study is suggestive that a single 45-minute Body Harmonization energy balancing procedure was effective in reducing depression for a period of at least 6 to 10 months afterwards at  $p < .01$ .

There are a couple of possible reasons for this stability occurring. According to the theory of Body Harmonization<sup>©</sup>, this improvement is stable because the energetic causes which were creating an imbalance in the neurotransmitters, were cleared according to the conceptual model described in appendix A. During muscle testing, the body revealed that depression existed due to an imbalance in the neurotransmitters which made the subject's arm weaken when filters containing the electromagnetic representation of neurotransmitters were placed on the body. Balancing was done using the filters and muscle testing through the cause menu (see [Figure 5](#)). The physical, emotional, mental, and spiritual causes tested and balanced according to the BOS<sup>TM</sup>/BES<sup>TM</sup> protocol. These causes may have been blocking the flow of energy through the meridians and created areas of congestion in the subtle bodies which were preventing the flow of

the life force or chi. When the cause was no longer present, the body no longer had need of the symptom, thus the symptoms of depression were relieved. There was no longer any reason for the body to draw attention to the deeper problem.

Another reason could be that the insights gained in the Body Harmonization<sup>©</sup> session may have altered the subject's behaviour and response to his or her life situations. Thus the dynamics in his or her life may have allowed for more choices, which may have helped to empower the subject, thus he or she felt less depressed.

#### *SDS Group 2: Data Points: (O<sub>1</sub>) Pre-ED to (O<sub>4</sub>) Pre-BH*

The paired t-tests which were conducted did not yield any statistically-significant difference between the (O<sub>1</sub>) data point which preceded the Education Session in Period 1 and the (O<sub>4</sub>) data-point which preceded the Body Harmonization<sup>©</sup> intervention in Period 2. It is believed that since there was no significance in the SDS scores in Period 1, it would not be expected that there would be significance between these two data points. The Body Harmonization<sup>©</sup> intervention had not yet been received by the subjects in Group 2, but they had experienced many conditions which were similar to the Body Harmonization<sup>©</sup> group. They experienced the conditioned space<sup>1</sup> of the office. They were in the presence of a caring practitioner. They reclined on the massage table, experienced a dowsing of their energy field, as well as received information about the process of Body Harmonization<sup>©</sup>. Even though their experiences were similar and their SDS mean decreased, the change was not significant. It was felt that there was still some slight effect from the Education Session, but that the sample size was not large enough to detect it. The means did decrease and continued to decrease throughout (O<sub>2</sub>) to (O<sub>3</sub>).

The means returned to an approximation of the original baseline mean, so any effect there may have been present, did not appear to last.

### State Anxiety

In the paired samples t-tests for data points ( $O_1$ ) to ( $O_3$ ) Body Harmonization<sup>©</sup> had a statistically significant impact on the reduction of measurable levels of anxiety, at both the State and Trait levels, immediately following the energy balancing session in both groups 1 and 2 when they received the Body Harmonization<sup>©</sup> intervention, according to the scores on the STAI questionnaires. This improvement was not evident in either group when the Education Session was received.

#### *State Group 1: Data Points ( $O_1$ ) Pre-BH to ( $O_4$ ) Pre-ED*

At the ( $O_4$ ) data point, the change was not significance. The mean was not quite as high as it was at the baseline. As described in the literature review, State anxiety tends to be less stable, so any significance at these data points would be unexpected.

#### *State Group 2: Data Points: ( $O_1$ ) Pre-ED to ( $O_4$ ) Pre-BH*

There was no significance in these paired sample t-tests as expected, for the reasons which are stated above. The mean at the ( $O_4$ ) data point 6 to 10-months later was similar to the baseline mean at the beginning of the research.

### Trait Anxiety

Trait anxiety which tends to be more stable than State anxiety, seemed to be affected by the Education Session more than either depression or State anxiety. In the research data presented in the Greenwich dissertation, Trait anxiety was significant at the

(O<sub>1</sub>) to (O<sub>3</sub>) in both the Body Harmonization<sup>©</sup> and the Education Session groups. (See appendix M.)

*Trait Group 1: Data Points (O<sub>1</sub>) Pre-BH to (O<sub>4</sub>) Pre-ED*

While there was statistical significance, in (O<sub>1</sub>) to (O<sub>3</sub>), there was no significance yielded in the paired sample t-tests done on the means of the (O<sub>1</sub>) to (O<sub>4</sub>) data points. It was interesting to note that while the mean did not maintain the downward trend at the (O<sub>4</sub>) data point 6 to 10 months later, the mean was still lower than it was at the baseline (O<sub>1</sub>). This may mean that there was some lasting effect of the Body Harmonization<sup>©</sup> intervention on Trait anxiety.

*Trait Group 2: Data Points: (O<sub>1</sub>) Pre-ED to (O<sub>4</sub>) Pre-BH*

Paired samples t-tests did not show any statistical significance in (O<sub>1</sub>) to (O<sub>3</sub>) when the 12 subjects' scores were omitted from this crossover study. Group 2 received the Education Session in Period 1. While there was a significant difference with the sample of 86 subjects, there was not enough of a difference when the sample size was smaller. There was no statistical significance from (O<sub>1</sub>) to (O<sub>4</sub>) which seemed to indicate that any improvements in Trait anxiety which may have been experienced as a result of the Education Session were not enough to be significant 6 to 10 months later.

*Data Points (O<sub>1</sub>) Pre-Session Period 1 to (O<sub>6</sub>) One-week After Session Period 2*

The (O<sub>1</sub>) to (O<sub>6</sub>) data points span the time from the beginning of the crossover study to its conclusion. Both Groups 1 and 2 received both interventions in two sessions with the principle investigator.

## Depression

### *SDS Group 1: Data Points ( $O_1$ ) Pre-BH to ( $O_6$ ) One-week ED*

Body Harmonization followed by a One-week after an Education Session 6 to 10 months later, was one of the statistically strongest finding in this crossover research. There are a couple of possible explanations for this. It could be that the effect of the Body Harmonization<sup>©</sup> lasted for that duration. It could also be that when the Education Session was offered, it helped the subjects to re-experience the balancing session which they received, thus they felt more hopeful and less depressed. The Education Session was slightly different for this group because their personal body harmonization sessions were also described according to the BOS<sup>TM</sup>/BES<sup>TM</sup> Energy Balancing Flowchart. This group may have had a greater understanding of the information that Group 2 did when it had the Education Session. If it was the effect of the Education Session alone, then it is felt that the data points ( $O_4$ ) to ( $O_5$ ); and ( $O_4$ ) to ( $O_6$ ) would have also been significant for Group 1.

### *SDS Group 2: Data Points: ( $O_1$ ) Pre-ED to ( $O_6$ ) One-week BH*

The means for paired t-tests on the ( $O_1$ ) Pre-Education Session and ( $O_6$ ) One-week after Body Harmonization<sup>©</sup> Session data points did not yield statistical significance which means that the results could have been due to chance.

## State Anxiety

### *State Group 1: Data Points ( $O_1$ ) Pre-BH to ( $O_6$ ) One-week ED*

There was no significance between the ( $O_1$ ) Pre-Body Harmonization<sup>©</sup> and the ( $O_6$ ) One-week after the Education Session data points. The Education Session did not

change State anxiety, so the mean score at the end of the crossover study was likely due to chance.

#### *State Group 2: Data Points: (O<sub>1</sub>) Pre-ED to (O<sub>6</sub>) One-week BH*

The mean at (O<sub>6</sub>) was slightly lower than the mean at (O<sub>4</sub>) but not enough to make it statistically different. (See [Table 4](#).) However, at the (O<sub>6</sub>) data point, the mean continued to decrease and there was now enough of a difference to be significantly different, when paired t-tests were done. This suggests the decrease was due to the effect of the Body Harmonization<sup>©</sup> session.

#### Trait Anxiety

It is interesting to note the downward trend in the means as time went on. It is felt that the Body Harmonization<sup>©</sup> and Education both support the improvement in Trait anxiety. Further research is recommended to explore this. Perhaps the reason is that information about the causes of why they had symptoms of anxiety gave the subjects an understanding, thus they felt more in control of their life. Several participants said that even though the stress in their life was the same, they were not as anxious about those events. Perhaps knowing that some of the causes of their reactions to this stress was from past traumatic events helped them to feel more empowered so they were able to think more clearly about what they needed.

#### *Trait Group 1: Data Points (O<sub>1</sub>) Pre-BH to (O<sub>6</sub>) One-week ED*

The same level of significance that was seen in the SDS Group 1 (O<sub>1</sub>-O<sub>6</sub>) data points was seen here. The Period 2 scores were significant at the (O<sub>5</sub>) Post and the (O<sub>6</sub>) One-week After Education Session which for the reasons described in the Depression

Group 1 data points, strongly suggested that Education Session following the Body Harmonization<sup>©</sup> supported the improvement in Trait anxiety. Trait anxiety seemed to be improved by Education when it followed the intervention of Body Harmonization<sup>©</sup> though not to the same degree. The difference in the means between (O<sub>4</sub>) and (O<sub>6</sub>) in the Education Session is 2.3. The difference between the Body Harmonization<sup>©</sup> means at the (O<sub>1</sub>) to (O<sub>3</sub>) data points is 3.4. Once again the reasons could be that the subjects were re-experiencing what happened in their Body Harmonization<sup>©</sup> session. They seemed to be very interested in the explanation of what had occurred during the balancing session, because they had felt better. They were interested in learning more about what had happened. This may have given them a feeling of more control and empowerment thus reducing their Trait anxiety.

#### *Trait Group 2: Data Points: (O<sub>1</sub>) Pre-ED to (O<sub>6</sub>) One-week BH*

These data points were not significant for Group 2. This may have been because the change was too slight to be significant. There may not have been enough change in the means for significance to occur. As seen previously in the Greenwich Research with 12 more subjects and discussed in [appendix M](#) and [N](#), a larger sample may have yielded significance.

#### [\*\*Data Points \(O<sub>4</sub>\) Pre-Session Period 2 to \(O<sub>6</sub>\) One-week After Session Period 2\*\*](#)

The (O<sub>4</sub>) to (O<sub>6</sub>) data points constitute the intervention received in Period 2. Though at first glance it seemed similar, the Period 2 intervention was not exactly comparable to the (O<sub>1</sub>) to (O<sub>3</sub>) data points in Period 1, as the subject had previously experienced an intervention.

## Depression

### *SDS Group 1: Data Points (O<sub>4</sub>) Pre-ED to (O<sub>6</sub>) One-week ED*

After a slight increase before the Education Session, Group 1 continued to be slightly less depressed after they received the Education Session intervention 6-10 months later. They continued to improve after the Education Session and one week following the Education Session, but not at a statistically significant level. This may have been due to the information they were receiving, the atmosphere in the office, the healing presence of the principle investigator. The Education Session was not significant for Group 2 in Period 1. It was not expected to be in Period 2. The decrease in the means for both groups in both periods was similar and under 1 point in both instances.

### *SDS Group 2: Data Points: (O<sub>4</sub>) Pre-BH to (O<sub>6</sub>) One-week BH*

However when Group 2 received the Body Harmonization<sup>©</sup> intervention, 6 to 10 months later, both the post session scores were lower and the One-week SDS scores were even slightly lower again. Both of these findings were statistically significant.

## State Anxiety

### *State Group 1: Data Points (O<sub>4</sub>) Pre-ED to (O<sub>6</sub>) One-week ED*

Period 2 paired sample t-tests for State anxiety between the (O<sub>4</sub>) Pre-Education Session and (O<sub>6</sub>) One-week after Education Session were not statistically significant in Group 1. This was not surprising because the paired sample t-tests did not yield significance in the Group 2. Education does not seem to affect State anxiety.

*State Group 2: Data Points: (O<sub>4</sub>) Pre-BH to (O<sub>6</sub>) One-week BH*

The measurable levels of State anxiety of the subjects in the group receiving the Body Harmonization intervention in Period 2 decreased, one-week after the energy balancing session but not at a significant level according to the scores obtained from STAI questionnaires. This was the most surprising finding. There could be several reasons for this occurring. Perhaps the effect is too small. A larger sample would demonstrate the significance more clearly. Perhaps the session was too short. A longer session or more sessions may have yielded statistical significance. There were some interesting situations occurring at the One-week After BH data point including the Eastern Canada and United States blackout which lasted several days, many subjects were returning from vacation for the Post-Session and had been back to work for a week at the One-week After Session data point. There were two subjects who became very ill and thus their State anxiety scores skyrocketed one-week following the Body Harmonization<sup>©</sup> Session.

Trait Anxiety

*Trait Group 1: Data Points (O<sub>4</sub>) Pre-ED to (O<sub>6</sub>) One-week ED*

It was suggested that Trait Anxiety scores decreased during an Education Session when it followed a Body Harmonization<sup>©</sup> session. The Education Session seemed to support the improvement in the Trait anxiety scores. This is consistent with Yorde's findings. He found that education which

"included a thorough explication of the definitions, stages, and processes of stress so the subjects became relatively knowledgeable about the processes they were experiencing as they went through stressful situations. This may have given the subjects a sense of control over what was occurring in their lives, which is

consistent with the findings that control is an essential element in the coping process.”<sup>2</sup>

As has been mentioned previously, this may be due to the re-experiencing of the Body Harmonization<sup>©</sup> balance; re-visiting of the clinical space; greater awareness of the energetic causes of anxiety and the sources of stress. It is not likely due to a carry-over effect of the Body Harmonization<sup>©</sup> i.e. having stability or the (O<sub>1</sub>-O<sub>4</sub>) data points would have been significant.

Education preceded by the Body Harmonization<sup>©</sup> intervention seemed to be more effective. We do not know whether it was the Education Session preceded by the Body Harmonization<sup>©</sup> that contributed to the statistically significant improvement or if it was the carry-over of the Body Harmonization<sup>©</sup> benefits lasting for months. The principle investigator noted that many of the subjects were re-experiencing the insights gained during the balancing session which they had received 6-10 months previous, during their Education Sessions. (See [appendix I1](#) and I2.)

*Trait Group 2: [Data Points: \(O<sub>4</sub>\) Pre-BH to \(O<sub>6</sub>\) One-week BH](#)*

The paired samples t-test was statistically significant for both the (O<sub>4</sub>) Pre-Body Harmonization<sup>©</sup> and the (O<sub>5</sub>) Post-Body Harmonization<sup>©</sup> data point, and the (O<sub>4</sub>) Pre-Body Harmonization<sup>©</sup> and the (O<sub>6</sub>) One-week After Body Harmonization<sup>©</sup> data points. This could be due to a relaxation response in the Post-BH, but that effect would not likely have lasted a full week. This research strongly suggested it was due to an effect from the energy balancing procedure.

### **Independent Sample T-tests**

The Independent t-tests were statistically significant in the (O<sub>2</sub>) and (O<sub>5</sub>) Post-BH data-points. This was immediately after the Body Harmonization<sup>©</sup> balancing procedure. This may have been due to the effects of the Body Harmonization<sup>©</sup>. It may also be the result of a relaxation response<sup>3</sup> being elicited or perhaps a combination of the two.

The other Independent t-tests were not statistically significant because there were not enough differences between the scores of the group receiving the Intervention A, Body Harmonization<sup>©</sup> and the group receiving Intervention B, the Education Session. A possible reason for this is that the requirement for participation in this study was that the subjects must have received the Biocomputer Operating System™ Laterality<sup>©</sup> balancing procedure from a BOS<sup>TM</sup> practitioner or student at least a week prior to the first session. In accordance with the practice of Biocomputer Operating System<sup>TM</sup>, laterality is the first correction that is done. This BOS<sup>TM</sup> balancing technique may have an effect, thus making the two groups more similar. It is not known what the effect of balancing ‘laterality’ does. This certainly warrants further research.

Comorbidity was also evident consistent with Kaneda’s findings: subjects who had higher STAI scores also had higher Zung SDS scores.<sup>4</sup>

## Controls

As there was no true control group used in this research study, national norms for the United States were used as a basis for comparison. Table 19 indicates an increase in the normal scores according to SDS. It is possible that the normal means score for normal adults has increased at the time of this research thirty-three years later.

### Self-rating Diagnosing Scale (SDS) Norms

Zung indicates that the SDS score for a 1965 control group (N=100) selected on the basis of being symptom free was 33.00,<sup>5</sup> and the normal SDS score for a randomly selected sample of normal adults (N = 261, ages 18 to 61 years old) in 1971 was 39.00<sup>6</sup>. According to these figures, the baseline mean scores for the sample in this study were in the high normal range. Group 1 had a baseline SDS score of 48.13 with standard deviation of 12.53. Group 2's baseline score was 44.91 with a standard deviation of 10.43. The SDS scores for Group 1 indicated they were slightly more depressed.

Table 19. Comparison between SDS Means in this Research  
and Zung Norms

Group	(O <sub>1</sub> ) Data Point	(O <sub>6</sub> ) Data Point	Decrease In Mean (O <sub>1</sub> ) – (O <sub>6</sub> )	p value	(Zung) Normal Adults 1965	(Zung) Normal Adults 1971
1 (Pre-BH To One-week after ED)	48.13	43.53	4.6	p < .001	33.00	39.00
2 (Pre-ED To One-week after BH)	44.11	41.36	2.75	NS	33.00	39.00

## State Anxiety Inventory National Norms

Mean state anxiety levels for the normal working adults using the STAI are 35.46 with a standard deviation of 10.51 as determined by Spielberger.<sup>7</sup> The mean baseline Pre-state anxiety scores for the two groups in this study were slightly higher (Group 1 at 37.92 with a standard deviation of 11.21; and Group 2 at 37.03 with a SD 9.59.)

**Table 20. Comparison between State Anxiety Means  
and National Norms**

<b>Group</b>	<b>(O<sub>1</sub>) Data Point</b>	<b>(O<sub>6</sub>) Data Point</b>	<b>Decrease In Mean (O<sub>1</sub>) - (O<sub>6</sub>)</b>	<b>p value</b>	<b>National Norms*</b>
<b>1 (Pre-BH To One-week after ED)</b>	37.92	36.42	1.5	NS	35.46
<b>2 (Pre-ED To One-week after BH)</b>	37.03	33.06	3.97	p < .05	35.46

\*

Means in S-Anxiety scores ages 19-39: (males: M=36.54; SD=10.22) (females: M=36.17; SD=10.96).

Means in S-Anxiety scores ages 40-49: (males: M=35.88; SD=10.52) (females: M=36.03; SD=11.07).

Means in S-Anxiety scores ages 50-69: (males: M=34.51; SD=10.34) (females: M=32.20; SD=8.67).<sup>8</sup>

## Trait Anxiety Inventory National Norms

The national norm in United States for trait anxiety in working adults is 34.84 (SD 9.21).<sup>9</sup> The mean score of T-Anxiety for the groups in the sample of this study is 40.84 (SD 12.15) and 38.72 (SD 10.17) respectively at the beginning of the research, (O<sub>1</sub>) data point. The means approached the national norms by the end of the research study: Group 1's mean decreased to 36.79. Group 2's mean to 35.81.

**Table 21. Comparison between Trait Anxiety Means  
and National Norms**

<b>Group</b>	<b>(O<sub>1</sub>) Data Point</b>	<b>(O<sub>6</sub>) Data Point</b>	<b>Decrease In Mean (O<sub>1</sub>) - (O<sub>6</sub>)</b>	<b>p value</b>	<b>National Norms** 1983</b>
<b>1 (Pre-BH To One-week after ED)</b>	40.84	36.79	4.05	p < .001	34.84
<b>2 (Pre-ED To One-week after BH)</b>	38.72	35.81	2.91	NS	34.84

\*\*

Means in T-Anxiety scores ages 19-39: (males: M=35.55; SD=9.76) (females: M=36.15; SD=9.53).

Means in T-Anxiety scores ages 40-49: (males: M=35.06; SD=8.88) (females: M=35.03; SD=9.31).

Means in T-Anxiety scores ages 50-69: (males: M=33.86; SD=8.86) (females: M=31.79; SD=7.78).<sup>10</sup>

## **Comparison of Body Harmonization<sup>®</sup> with TT<sup>™</sup>, Reiki, and Inner Counselor<sup>™</sup>**

Tables 22 and 23 offer interesting comparisons between the findings in the difference in the pre-test means with the post-test means. The results are comparable with these two other modalities, Therapeutic Touch<sup>™</sup> (TT<sup>™</sup>), and Reiki.

Body Harmonization<sup>©</sup> had similar results in State anxiety to TT<sup>TM</sup> with a single 45-minute session. In the studies by Heidt and by Quinn, Therapeutic Touch<sup>TM</sup> session lasted only 5-minutes. There was no research available which determined the effectiveness of TT<sup>TM</sup> on Trait Anxiety or SDS for depression scores, thus it was not possible to compare the effectiveness of Body Harmonization<sup>©</sup> with TT<sup>TM</sup>. While the Body Harmonization<sup>©</sup> session took longer, it seems that it may have greater longevity.

The Reiki study demonstrated that ten sessions of 30-minutes of Reiki treatments were more effective than one 45 minute session of Body Harmonization<sup>©</sup>. Future research with Body Harmonization<sup>©</sup> would help to determine if Body Harmonization<sup>©</sup> would be just as effective or more effective if more than a single session were received. Dressen's study suggested that Reiki was not stable for 3-months in the treatment of depression or State or Trait anxiety. The results of this research suggests that Body Harmonization<sup>©</sup> is stable for at least 6 months for SDS depression. (See Table 22 and Table 23.)

As would be expected with a longer intervention, both the State anxiety and the Trait anxiety scores were lower in the Inner Counselor intervention after an eighteen hour seminar experience where learning occurred as well as receiving the Symbolic Process (an "experiential tool used to resolve behavioural or emotional issues related to unmet basic needs."<sup>11</sup>) Consistent with the findings in this research and in Yorde's study, education may have been a factor in the decrease in Trait anxiety. A weekend seminar of Inner Counselor was more effective than a single 45-minute Body Harmonization session.

**Table 22. Comparison between State Anxiety Means of Body Harmonization<sup>©</sup> with TT, Reiki, and Inner Counselor™**

(Note; \*PMR refers to Progressive Muscle Relaxation)

Principle Investigator Modality	Group	Pre Data Point	Post Data Point	Decrease In Mean	p value	n
Cremasco Group 1 BH	1 (1 x 45 min. Pre-BH- Post BH)	37.92	31.05	6.87	p<.001	38
Cremasco Group 2 BH	2 (1 x 45 min. Pre-BH- Post BH)	35.47	28.97	6.50	p <.001	36
Cremasco Group 1 ED	1 (1 x 45 min. Pre-ED- Post ED)	35.61	34.66	.95	NS	38
Cremasco Group 2 ED	2 (1 x 45 min. Pre-ED- Post ED)	37.03	36.42	.61	NS	36
TT Heidt	1 x 5 min. TT Heidt	41.77	34.87	6.57	p<.001	30
	1 x 5 min. No-touch Heidt	41.13	40.97	.16	NS	30
	1 x 5 min. Casual Touch Heidt	40.52	38.79	1.73	NS	30
TT Quinn	1 x 5 min. TT Quinn	38.55	31.79	6.72	p<.001	30
	1 x 5 min. Mimic Control Quinn	36.31	34.30	1.90	NS	30
Reiki Dressen	10 x 30 min Reiki Sessions Dressen	45.83	32.03	13.80	p<.001	30
	10 x 30 min PMR* Sessions Dressen	40.13	39.30	.83	NS	30
	10 x 30 min Control Sessions Dressen	37.70	36.73	.97	NS	30
	10 x 30 min Placebo Sessions Dressen	39.40	38.97	.43	NS	30
Nunley Inner Counselor	Weekend Inner Counselor Seminar	38.00	28.80	9.20	p<.001	47

**Table 23. Comparison between Trait Anxiety Means of Body Harmonization<sup>®</sup> with TT, Reiki, and Inner Counselor<sup>™</sup>**

Principle Investigator Modality	Group	Pre Data Point	Post Data Point	Decrease In Mean	p value	n
Cremasco Group 1 BH	1 (1 x 45 min. Pre-BH- Post BH)	40.84	39.21	1.63	p<.05	38
Cremasco Group 2 BH	2 (1 x 45 min. Pre-BH- Post BH)	38.39	36.22	2.17	p <.01	36
Cremasco Group 1 ED	1 (1 x 45 min. Pre-ED- Post ED)	35.61	34.66	.95	NS	38
Cremasco Group 2 ED	2 (1 x 45 min. Pre-ED- Post ED)	37.03	36.42	.61	NS	36
Reiki Dressen	10 x 30 min Reiki Sessions Dressen	44.40	32.80	11.60	p<.001	30
	10 x 30 min Progressive Muscle Relaxation Sessions Dressen	41.80	41.33	.47	NS	30
	10 x 30 min Control Sessions Dressen	36.53	36.60	-.07	NS	30
	10 x 30 min Placebo Sessions Dressen	40.27	38.63	1.64	NS	30
Nunley Inner Counselor	Weekend Inner Counselor Seminar	41.9	37.8	4.1	p<.001	47

## Possible Explanations of State, Trait Anxiety, and Depression Score Differences between Data Points

*“Receive all these healing energies with the love with which they are intended.  
Lock them in, to every cell, every fibre, every level of your being,  
now and for all time. Amen.”*

~Karin Cremasco  
BEST™ Lock-in Invocation

There are many possible explanations for the effectiveness of Body Harmonization<sup>©</sup>. A few of them will be considered here.

### BOS<sup>TM</sup>/BES<sup>TM</sup>/Inner Counselor<sup>TM</sup> Model

For the State, Trait, and Zung instruments, eleven out of twelve-paired sample t-tests conducted on the Body Harmonization<sup>©</sup> intervention sessions, (O<sub>1</sub>) (O<sub>4</sub>) Pre-BH to (O<sub>2</sub>) (O<sub>5</sub>)Post-BH; and (O<sub>1</sub>) (O<sub>4</sub>) Pre-BH to (O<sub>3</sub>) (O<sub>6</sub>) One-week After BH, were significant. Only the data points for (O<sub>4</sub>) State Pre-BH to (O<sub>6</sub>) State One-week After BH for Group 2 was not significant. This strongly suggests that Body Harmonization<sup>©</sup> does change State and Trait anxiety and SDS depression. The theories according to the philosophy of BOS<sup>TM</sup>/BES<sup>TM</sup> Body Harmonization<sup>©</sup> are that the interferences or energetic cause, which prevent the body from healing itself were cleared, released or re-balanced as directed by the body. The inner wisdom of the body was accessed through the muscle-testing allowed the body to direct its own healing. These issues were brought forward to conscious awareness by the subjects and the subjects arrived at a place of realizing that they have choice. They could each begin “to cultivate discerning choices”.<sup>12</sup> This was done in conjunction with the subjects connecting with their inner wisdom, Higher Self, or spiritual guides. They received guidance from their inner wisdom and symbols. “The use

of symbols often spontaneously produces this development from a personal psychosynthesis to at least a beginning spiritual psychosynthesis.”<sup>13</sup> From this point on, the subjects gained new insights about the cause of their anxiety particularly, if there was what Asagioli describes as a “psycho-spiritual alchemy where the body and the psyche can be transmuted by means of a regenerative transformation. This produces an organic and harmonious unification of all man’s aspects, a ‘bio-psychosynthesis.’<sup>14</sup> The subject began to see his or her role in the events of the past. The emotional energies of fear, anger, resentment, abandonment were released from the energy fields and from the meridians, and the chakras in the BES™ emotional meridian-organ chakra meridian connection using the techniques of BOS™ and BES™. The subject began to take responsibility for his or her life events and began to see such difficult times as times of deep learning. Obviously, these theories merit further investigation in future research.

### Placebo

Another possible explanation for the improvement in anxiety and depression was that of the placebo effect. The power of the mind believing in the power of the effect of Body Harmonization<sup>©</sup> may have caused the results because of the known power of placebos. As was cited in the literature review chapter, Benson listed three components of the placebo response as:

- “Belief and expectancy on the part of the patient
- Belief and expectancy on the part of the caregiver [doctor]
- Belief and expectancy generated by the relationship between the patient and caregiver”<sup>15</sup>

All of the above are a factor in the work of Body Harmonization<sup>©</sup>. To quote Wiel, the power of our mind to heal ourselves or keep us ill cannot be ignored...<sup>16</sup> One argument for Body Harmonization<sup>©</sup> being even more than a placebo, was the statistical

significance of the 6 to 10 month paired sample t-test of the SDS data points ( $O_1$ ) to ( $O_6$ ).

It is unlikely the placebo effect of a single session of Body Harmonization<sup>©</sup> would last that long. It is unlikely that the Group 1 ( $O_1$ ) Pre-Body Harmonization<sup>©</sup> and the ( $O_6$ ) One-week After Education Session data point would be significant because of the placebo effect as the time span was also 6 to 10 months. However, the placebo effect could be the cause of the reduction in the State anxiety as the scores decreased immediately afterwards and began to increase One-week after Body Harmonization<sup>©</sup>, and were not significant at ( $O_1$ ) to ( $O_4$ ) data points.

### **Stress Load Reduction and the Relaxation Response**

“Stress is the total physical, chemical, and emotional pressure you experience. And stress is culmulative.”<sup>17</sup> Reducing stress is believed to be one of the reasons, that Body Harmonization<sup>©</sup> is suggested to be effective. It does reduce the stress load through the insights which may be gained by the subject through the course of a balancing session. When a subject was aware of feeling anxiety for example, the subject was asked to point where he or she felt it in the body. As the subject held the area, the principle investigator muscle tested the subject’s arm asking what the emotional concern was and identified the pertinent time frame this occurred in using the flowcharts and the EMCC<sup>©</sup> Chart. (See [Figure 26-30.](#)) The subject through questioning guided by the principle investigator who followed the flowchart in Figures 27-30, gained insights using the techniques of BOS<sup>TM</sup>/BES<sup>TM</sup>/Inner Counselor<sup>TM</sup>. (See [appendix J](#) for Case Study reports.) Often the subject came to a decision about his or her future actions. What is interesting to note was that in the BOS<sup>TM</sup> techniques in particular, the benefits were realized (based on anecdotal evidence from the subjects) even though the principle investigator did not

tell the subject what she was doing. Thus reducing the stress load may be a part of the reason for the effectiveness but it does not explain all aspects of these results. The Relaxation Response which may be a factor in this research conducted by the principle investigator, is not a part of the BOS<sup>TM</sup> technique as it is practiced by Larry Steel where a BOS<sup>TM</sup> session usually lasts for a period of only 5-minutes or less. Approximately 100,000 anecdotal responses and case reports are available through case reports at the clinic of Larry Steel.<sup>18</sup>

#### Was There a Delayed Effect of Body Harmonization<sup>©</sup>?

The graphs of the means for Trait (see [Figure 2.](#)) and certainly for SDS (see [Figure 3](#) [3](#)), suggest that there could be a delay in the effect of Body Harmonization<sup>©</sup> energy balancing procedure. Subjects only had a single Body Harmonization<sup>©</sup> intervention and yet the means continued to decrease a week after it was received for both Trait and SDS. If the intervention was a relaxation response, the mean would be expected to return to the original level of trait anxiety or depression. This trend may have been evident in the State graph of the means, but without a fourth data point closer to the (O<sub>3</sub>) data point than the (O<sub>4</sub>) which occurred 6 to 10-months later, it is not known whether this was occurring. In Period 1, two weeks after the intervention, three subjects commented they felt even better and they would like to have filled out another questionnaire, after the one week to indicate that. (Their One-week after session scores increased from the Post-session scores slightly.) In Period 2, two unsolicited emails and a telephone call were received by the principal investigator 15 months after Body Harmonization<sup>©</sup>, stating that the benefits were lasting. (see Appendix I.)

## **Limitations of the Study**

1. The most serious limitation of this study is that there was no control group. A control group that had no contact with the principle investigator, (such as one where subjects were placed on a waiting list and simply filled out the instruments) would have indicated the State and Trait anxiety levels, and the SDS levels of the general population during this same time period. There were several significant events such as the blackout which lasted for several days, end of vacations, beginning of return to work, which could have been factors in the results. Thus the results of this research could have been more meaningful. The groups in this study did move towards the mean in both the Trait anxiety and in the SDS scores for depression. A control group would have helped to differentiate if this was due to the phenomenon of “regression towards the mean”<sup>19</sup> A control in absence of doing anything tends to regress towards the mean. A control would help to determine if it was due to the intervention itself. The State anxiety scores hovered around the mean during the Education Sessions for both groups. However, the State anxiety scores went well below the established national norms immediately following the Body Harmonization<sup>©</sup> energy balancing session. Group 1 was 5.5 points below the National mean. Group 2 fell 7.6 points below the National norms. ( $p < .001$  for both groups.) In the one-week after scores, the means rebounded to almost 3 points below in Group 1 ( $p < .01$ ) and 3.5 points in Group 2 (NS) This could be a regression towards the mean after the One-week After data point. Further data points in future research at closer intervals than 6-months after may yield more information about longevity.

Other shortcomings noted<sup>20</sup> were as follows,

2. There was a lack of blindedness. Both the subject and the principal investigator knew whether the subject was receiving the intervention.
3. There was a lack of objectivity. The principal investigator did have an attachment to the outcome of the research, as the method that was being tested, was part of the practitioner's vocation.
4. The effect of having the subjects' Laterality<sup>©</sup> balanced is unknown, as there were no pre-intervention measurements taken.
5. The different levels of anxiety or depression of the subjects in each group were not categorized such as normal range, minimally, moderately, and severe.<sup>21</sup>
6. The recruitment of the subjects may have been biased, as the referral source may also have been biased towards the success of this study.
7. The principle investigator was skilled in muscle testing. Some training and practice would be necessary prior to undertaking a replication of this research.
8. Training in BOS<sup>TM</sup>, BES<sup>TM</sup>, and Inner Counselor<sup>TM</sup> was necessary to proceed with the Body Harmonization<sup>©</sup> intervention.

### **Considerations, Future Research, and Directions with Body Harmonization<sup>©</sup>**

While this is a great beginning, the energy medicine/spiritual healing modality of Body Harmonization<sup>©</sup> needs much research. The following includes several suggestions for future research in Body Harmonization<sup>©</sup> which would strengthen this study as well as give future direction to this modality in energy medicine and spiritual healing.

1. As already indicated, it is recommended that future study have a true control as a third group. It is important to maintain the format of the Education Session as this seems to help distill the confounding variables of the conditioned space<sup>22</sup>, the healing presence of the practitioner, the benefits of setting a goal of intention, the benefits of the concerns of the subject being heard in a one to one ‘counseling’ type of setting.
2. A suggestion for a future study is to have students of BOS™/BES™ complete a similar study other than the principle investigator. It is not known whether the results were due to the technique or the healing charisma or talents of the principle investigator. Anecdotal evidence received from other students, colleagues and practitioners of BOS™ and or BES™, suggests that these results are not unique to the principle investigator but are due to the BOS™/BES™/Inner Counselor™ methodology. It is likely that a caring practitioner who does his or her emotional work, is a clearer conduit for the power that heals. This too, merits future research.
3. It would strengthen the results if there were to be a seventh data point, to see whether the effects of the Body Harmonization© energy balancing procedure will stabilize, decrease, or increase the mean scores of State or Trait anxiety or depression.
4. The baseline in this study was not a true baseline. All of the subjects in this research were required to have received the BOS™ Laterality© balancing procedure at least one week prior to their participation in this study. In future research, it is suggested that the STAI and Zung instruments be administered prior to receiving Laterality© balancing.
5. Future research needs to be done on the effects of BOS™ Laterality© particularly the impact that laterality has on anxiety and depression.

6. The time between the Intervention A and Intervention B was a strength of the study because it provided the opportunity to do paired t-tests on the stability of the means of SDS scores which were highly significant. It is suggested that this be reproduced in a future study.
7. In this research, a baseline of physical concerns was solicited from the subjects during the interview. In the interview at the end of the session and on the questionnaire at the One-week data point, the subjects anecdotally reported changes occurring. It is suggested in future research that an instrument which tracks physical symptoms be included.
8. Another recommendation for future research is to follow a single case over time with Multiple Baselines prior to the intervention as well as post intervention, to realize what the patterns are in STAI scores and SDS scores.
9. The final recommendation for future research is to have multiple interventions. The results were obtained from a single 45-minute Body Harmonization<sup>©</sup>. It would be interesting to see what the effect would be by having weekly or monthly sessions of Body Harmonization<sup>©</sup>, as was done in the 10-session study on Reiki by Dressen.
10. In order to test the effects of placebo and intent of the practitioner, it would be beneficial to do research with sham BOS<sup>TM</sup>/BES<sup>TM</sup> as an intervention; perhaps using a facilitator who has seen it done, but has never experienced it, nor is familiar with the techniques or theories behind Body Harmonization<sup>©</sup>.
11. A larger sample of at least 100-120 subjects would make it possible to have a control group as well as adequate numbers to run inferential statistics on sub-groups within

the sample, noting the effect of stress on scores, past experience with energy medicine or spiritual healing, and gender differences.

## **Implications of Results within the Context of Helping Professions**

### **Clinical Significance**

This is a research project that was designed to study the levels of anxiety and depression in a select group in the general population. Body Harmonization<sup>©</sup> was statistically significant but significance in the clinical setting is not yet established.

It is recommended that future research be done on subjects who are clinically depressed or anxious with the supervision of a psychiatrist or psychologist. It is recommended that psychologists, psychiatrists, and medical doctors become trained in Body Harmonization<sup>©</sup>. This view is supported by Gerber, “I recommend that her [Cremasco’s] techniques be studied and applied by both medical and psychiatric practitioners alike”<sup>23</sup>

While this was not a research project that was focussing on subjects who were *clinically* anxious or depressed, further study and research may show that Body Harmonization<sup>©</sup> and similar types of energy medicine have a place that is complementary to the traditional interventions of psycho-pharmaceuticals and psychotherapy. As in all healing methods, whether they be medical or complementary to the modern medical model, there is rarely an approach which is the panacea for all conditions. Shealy cites a multi-modal approach in his successful treatment of depression.<sup>24</sup> It is felt that Body Harmonization<sup>©</sup> belongs as an adjunct approach to other therapies and modalities in the clinical world. Shealy’s intervention was a program which consisted of 44 hours of “initial testing, education, and treatment over a two week period” which was offered to 141 subjects. Unfortunately, the means are not listed so that comparison could be made with this research project, but Shealy cites “84% patients reported improvement in two

weeks. The 3 month follow-up results were almost twice as good as could be expected with most anti-depressants, and without the side-effects.”<sup>25</sup>

“A patient’s depression was considered to be improved if the patient’s SDS score decreased by at least 12 points. A patient’s depression was considered to be worse if the patient’s SDS score increased by at least 12 points”<sup>26</sup> The scores of 26 subjects who had scores in the clinically depressed category dropped by 20 or more points though the sample size was too small to do inferential statistics. This merits further research.

Body Harmonization<sup>©</sup> followed by a One-week after an Education Session 6 to 10 months later, was the statistically strongest finding in this crossover research with statistical significance ( $p<.001$ ) in the paired sample t-tests for both depression and Trait anxiety. These findings suggest that it is valuable to educate the subjects or clients about the energy work which they are receiving. This supports the longevity of the decrease in Trait anxiety and SDS measurable depression. This research indicates that Body Harmonization<sup>©</sup> intervention is better placed before the Education Session.

Body Harmonization<sup>©</sup> may not be limited to only alleviate depression and anxiety. Certainly in the clinical practice of Larry Steel, the principle investigator, as well as other practitioners of Biocomputer Operating System<sup>™</sup> and Biocomputer Emotional Spiritual<sup>™</sup> technique, there is anecdotal evidence to support successful healing in other conditions for which it may be beneficial including kidney problems, asthma, sleep disturbances, structural imbalances, allergies, hormonal imbalances.

## **Summary of Results**

### **State Anxiety**

This research is suggestive that Body Harmonization<sup>©</sup> does help State anxiety to decrease immediately after the intervention and also one-week later. The improvement in State anxiety after a Body Harmonization<sup>©</sup> session is not stable over time, as there was no significance in the (O<sub>1</sub>) Pre-BH to the (O<sub>4</sub>) Post-ED data points 6-10 month later. This is consistent with what is known about State anxiety. State anxiety is influenced by stress, it does not remain stable.<sup>27</sup> State anxiety did not improve with an Education Session.

### **Trait Anxiety**

This research is suggestive that Body Harmonization<sup>©</sup> does help Trait anxiety to decrease. Trait anxiety is improved with Body Harmonization<sup>©</sup> alone and further strengthened when followed with just an Education Session. Trait anxiety is not influenced by short term stress, thus is more stable and more difficult to change.<sup>28</sup>

The previous research with a larger sample found that Trait Anxiety also decreased one week later with an Education Session. (See Appendix M.) In the first research project when paired t-tests were done on 86 subjects, it was found that Education Session alone also decreased Trait anxiety one week after the session.

### **Depression**

The effect of Body Harmonization<sup>©</sup> on depression is the most powerful finding in this particular study. The findings are suggestive that Body Harmonization<sup>©</sup> does help depression to improve and is stable for more than a 6-month period. An Education Session alone does not improve the symptoms of depression. However, when it follows

Body Harmonization<sup>©</sup>, it supports the improvement. Further research should be directed towards discovering how long this improvement will hold, as the current study did not investigate past the 6 – 10 month post-session period (which is a *long* period of time.)

### Hypothesis Upheld

This research has upheld the Hypothesis, “The measurable levels of anxiety and depression in the group receiving Body Harmonization as an intervention, did decrease significantly as determined by the STAI and SDS scores. However the Null Hypothesis was upheld in the One-week after Body Harmonization<sup>©</sup> session for Group 2 in Period 2.

It has been demonstrated that a single forty-five minute energy balancing session had a measurable effect on depression that lasted for at least six months. Body Harmonization<sup>©</sup> energy balancing decreases the level of Trait anxiety. These results prompt us to ask further questions to be answered in future research. What effect would repeated energy balancing sessions have? What other types of concerns, symptoms or conditions would be alleviated if the true energetic causes of those conditions were uncovered?

The results of this study should be considered preliminary until replications are done.

## **Conclusion**

***“You know not the power,  
Of that which you do.”***

*~Harvey Steel,  
March 17, 1997*

This research has focused on Body Harmonization<sup>©</sup> as a safe, efficient, cost-effective, and non-invasive approach which looked at the energetic causes of anxiety and depression in a select group of the normal population. Its purpose was to use Body Wisdom to evaluate and address anxiety and depression to promote balance in the ‘body-mind-spirit’ through Body Harmonization<sup>©</sup>, the “mind” in a balanced state being one part of the concept.<sup>29</sup> And on a deeper, spiritual level, it was to begin to know more about “the power of that which you do.”

### ***“The Power that Made the Body Heals the Body.”***

The theory behind Body Harmonization<sup>©</sup> is that it is the work of “the power that made the body” because that “is the power that heals the body.”<sup>30</sup> It is a technique of spiritual healing that allows each of us to connect with that power and our own inner wisdom, through accessing the wisdom of our own body, using the muscle testing. Body wisdom guides and directs the route to follow according to the BOS<sup>TM</sup>/BES<sup>TM</sup> Body Harmonization Energy Balancing Flowchart<sup>©</sup>, so that the body’s energy fields, subtle bodies, meridians, and chakras can be harmonized and re-balanced. Many who have received the Body Harmonization<sup>©</sup> work, both clinically and through this study, have returned with feedback saying, that life changes were made which began with the Body Harmonization<sup>©</sup> session.

The premise of this research was that the key to healing lies in accessing the body's wisdom, so that we can "...explore in greater depth how these different spiritual and energetic factors play a role in the causation of illness and the creation of health ... to heal ourselves from the level of our physical bodies all the way up to the higher spiritual levels of our being."<sup>31</sup>

Body Harmonization<sup>©</sup> is intended to facilitate healing at all the levels of the body-mind-spirit for well-being, healing, and wholeness by removing the interferences which are preventing the body from healing itself. An assumption in Body Harmonization<sup>©</sup> is that our past trauma creates imbalances in the body-mind-spirit. This BOS<sup>™</sup>/BES<sup>™</sup> technique of spiritual healing and energy medicine helps us to move through our physical, emotional, or mental imbalances to wholeness thus allowing us to move towards attaining our personal connection to our truth and divine purpose. This in turn relieves symptoms, such as those of anxiety and depression. It is intended "not to (deaden) the emotion, but to turn it in toward the Divine..."<sup>32</sup> Body Harmonization<sup>©</sup> technique, has been described by Gerber as "a fascinating approach to diagnosing (and healing) the true physical, emotional, and spiritual precursors to pain and illness."<sup>33</sup>

#### **Body Harmonization<sup>©</sup>: BOS<sup>™</sup>, BES<sup>™</sup>, and Inner Counselor<sup>™</sup>**

Body Harmonization<sup>©</sup> is a synthesis of all three techniques. Effective at all levels, "Biocomputer Operating System<sup>™</sup> seeks to harmonize and clear the energetic disturbances particularly at the physical and mental levels. Through Biocomputer Emotional Spiritual<sup>™</sup> technique, communication with the physical body allows us to discover its waiting gifts of wisdom through our conscious connection to the higher wisdom of our soul. This gift is offered through the revealing, feeling, and ultimately

healing of our emotions.”<sup>34</sup> Inner Counselor™ encourages the “self-actualized embodiment and expression of essential qualities substantiating a path that leads towards (our) transformation and transcendence.”<sup>35</sup>

### A New Beginning...Beginning Anew

The intention of the work of Body Harmonization® is to provide a teachable system of spiritual healing which allows each of us to realize our own still-point, our own divinity, and through that awareness, realize and deepen our connection with the Divine and with our fellow humanity.

This work is not an end, but rather a beginning. It acts as a catalyst so that each of us may claim our own power and move forward in a new direction on our personal sacred path. May this work help us to realize our full potential selves, to become the qualities of strength, control, freedom, creativity, acceptance, love, connection, trust, peace, and joy that we seek to radiate.<sup>36</sup>

May it help us to “go inside. Search our place of inner wisdom. See what it calls us to do. Then do it.”<sup>37</sup>

May this work help us to let go while experiencing uncertainty, to accept and rejoice in evolving process, to come to terms with the dark and the light, so we may embody wholeness and peace.<sup>38</sup>

May this work help us to “learn to get in touch with the silence within and know that everything in this life has a purpose.”<sup>39</sup>

May it help us to transform, transcend, and include the apparent obstacles to our spiritual growth within us, to become that more enlightened self, for then we have come “full circle and enter another gate of Eden, smiling at the flowers now in bloom, knowing

too of the dream ...A new Adam (Eve) in an old garden.”<sup>40</sup> May this work allow each of us to serve in a new Eden...

*"For it is in serving that we are served;  
and we are come home to serve,  
and minister to each other."<sup>41</sup>*

*“The Master answered and said,*

*“Once there lived a village of creatures along the bottom of a great crystal river.*

*The current of the river swept silently over them all—young and old, rich and poor, good and evil, the current going its own way, knowing only its own crystal self.*

*“Each creature in its own manner clung tightly to the twigs and rocks of the river bottom, for clinging was their way of life, and resisting the current what each had learned from birth.*

*“But one creature said at last, I am tired of clinging. Though I cannot see it with my eyes, I trust that the current knows where it is going. I shall let go, and let it take me where it will. Clinging, I shall die of boredom.’*

*“But the one heeded them not, and taking a breath did let go, and at once was tumbled and smashed by the current across the rocks.*

*“Yet in time, as the creature refused to cling again, the current lifted him free from the bottom, and he was bruised and hurt no more.*

*“And the creatures downstream, to whom he was a stranger, cried, ‘See a miracle! A creature like ourselves, yet he flies! See the Messiah, come to save us all!’*

*“And the one carried in the current said, ‘I am no more Messiah than you. The river delights to lift us free, if only we dare let go. Our true work is this voyage, this adventure.’”<sup>42</sup>*

~Richard Bach

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#### CHAPTER 4 Endnotes

<sup>1</sup> William A. Tiller, Walter E. Dibble, Jr., and Michael J. Kohane, *Conscious Acts of Creation: The emergence of a New Physics*, Walnut Creek, California: Pavior, 2001, 169.

<sup>2</sup> Betty Yorde and J. Melvin Witmer, *Teaching Stress Management*. Ohio: Ohio University, 1979, 88.

<sup>3</sup> Herbert Benson, "The Relaxation Response," 37.

<sup>4</sup> Yasuhiro Kaneda, and Akira Fujii, "The relation between anxiety and depressive symptoms in normal subjects and patients with anxiety and/or mood disorders," *The Journal of Medical Investigation*, Vol. 47 (2000): 14.

<sup>5</sup> Zung, "Self-Rating Depression Scale," 67.

<sup>6</sup> William W. K. Zung, "Depression in the normal population." *Psychosomatics*. 12 (3) (May 1971): 165.

<sup>7</sup> Spielberger, 13.

<sup>8</sup> Ibid., 14.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ann Nunley, dissertation: "The Inner Counselor Seminar: its use of integrative conceptual models and the Symbolic Process™ and their combined effect on anxiety levels," Greenwich University, 2000, 119.

<sup>12</sup> Nunley, *Inner Counselor*, 271.

<sup>13</sup> Roberto Assagioli, *Psychosynthesis: A Collection of Basic Writings*, Amherst, Massachusetts: 2000, 167.

<sup>14</sup> Roberto Assagioli, "Symbols of Transpersonal Experiences," *Journal of Transpersonal Psychology*, 42.

<sup>15</sup> Ibid., Benson; quoted in Shannon.

<sup>16</sup> Andrew Weil, *Spontaneous Healing*, New York: Alfred A. Knopf, 1995; quoted in Shannon, Handbook, 5.

<sup>17</sup> C. Norman Shealy, *The Self Healing Workbook: Your Personal Plan for Stress Free Living*, Dorset, UK: Redwood Books, 1993, 2.

<sup>18</sup> According to verbal communication with Larry Steel, June 2003.

<sup>19</sup> Robert Rosenthal, and Ralph Rosnow, *Essentials of Behavioral Research: Methods and Data Analysis, Second Edition*, New York: McGraw-Hill, 1991, 90-91.

<sup>20</sup> Cremasco, diss. 122-123.

<sup>21</sup>Ibid., Zung, "A Self-rating depression scale," 63.

<sup>22</sup> Ibid., Tiller, 169.

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<sup>23</sup> Richard Gerber, email to the principle investigator, November 16, 2003, Complete recommendation as follows, "With regard to your request for a recommendation, you may use the following quote:

"Karin Cremasco is a gifted healer who has helped to pioneer the "Body Harmonization" technique, a fascinating approach to diagnosing (and healing) the true physical, emotional, and spiritual precursors to pain and illness. I recommend that her techniques be studied and applied by both medical and psychiatric practitioners alike.--Richard Gerber, M.D., Author of *Vibrational Medicine* and *A Practical Guide to Vibrational Medicine*.

<sup>24</sup> C. Norman Shealy, et al. "Non-pharmaceutical treatment of depression using a multimodal approach." *Subtle Energies* (1993): 4(2), 125.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid., Zung et al. 78.

<sup>27</sup> Ibid., Spielberger, *State-Trait Anxiety Inventory*, 14.

<sup>28</sup> Ibid.

<sup>29</sup> Ken Wilber, *Integral Psychology: Consciousness, Spirit, Psychology, and Therapy*, Boston: Shambhala, 2000, 1.

<sup>30</sup> B.J. Palmer, quoted in Victor Frank, *Dynamics of Total Body Modification™ Workbook, Module 1*, (Sandy, Utah: by the author, 1999), 8.

<sup>31</sup> Ibid., Gerber, *Practical Guide to Vibrational Medicine: Energy Healing and Spiritual Transformation*, (New York: Harper Collins Publishers, 2001), 36.

<sup>32</sup> Aurobindo quoted by Norm Shealy, *Miracles Do Happen: A Physician's Experience with Alternative Medicine*, Brisbane, Australia: Element Books, 1996, 61.

<sup>33</sup> Gerber, email to the principle investigator, November 16, 2003.

<sup>34</sup> Cremasco, diss. 128-129.

<sup>35</sup> Ibid. Nunley, "Workbook," 5.

<sup>36</sup> Ibid. Nunley, 290.

<sup>37</sup> Neale Donald Walsh, *Conversations with God: an uncommon dialogue*, Charlottesville, Virginia: Hampton Press, 1998, 109.

<sup>38</sup> Ibid. Nunley, 78.

<sup>39</sup> Elizabeth Kubler-Ross.

<sup>40</sup> Bill Schul, *Let Me Do This Thing, a Poem* (Walpole, New Hampshire: Stillpoint publishing: 1986) 74-75.

<sup>41</sup> BoB Nunley, March 2, 2004.

<sup>42</sup> Richard Bach, *Illusions*, 11-19.

## REFERENCES AND BIBLIOGRAPHY

- Ali, BS, Rahbar MH, Naeem S, Gul A Mubeen S. Iqbal A. "The Effectiveness of Counseling on Anxiety and Depression by Minimally Trained Counselors: A Randomized Controlled Trial." *American Journal of Psychiatry*. (2003): 57(3):324-36.
- American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, DSM IV, APA, Washington, D.C., 1994.
- Arnow, B.A. "Effectiveness of psychotherapy and combination treatment for chronic depression." *Journal of Clinical Psychology*. 59(8)(Aug 2003): 893-905.
- Arntz, A. "Cognitive therapy versus applied relaxation as treatment of generalized anxiety disorder." *Behaviour Research and Therapy*. 41(6)(June 2003): 633-646.
- Assagioli, Roberto. *Psychosynthesis: A Collection of Basic Writings*. Amherst, Massachusetts: Synthesis Publishing. 2000.
- \_\_\_\_\_. "Symbols of Transpersonal Experiences," *Journal of Transpersonal Psychology*. 33-45.
- Benor, Dan. *Spiritual healing: Scientific Validation of a Healing Revolution*. Southfield: MI: Vision Publications, 1992.
- Berg, Charles. "Amended definition of anxiety." *British Journal of Medical Psychology* 25 (1952): 158-160.
- Beuke, Carl, Ronald Fischer and John McDowall. "Anxiety and Depression: Why and How to Measure their Separate Effects." *Clinical Psychology Review*. Volume 23, Issue 6, (November 2003): 831-848.
- Bittlinger, Arnold. "The Process Of Individuation Mirrored By Symbols Of The "Chakras:" C. G. Jung's Contribution To A "Western" Understanding Of "Eastern" Symbols." *Analytische Psychologie*. Vol 29(4) (Dec 1998): 328-34.
- Blechman, Elaine A., and Kelly D. Brownell, *Behavioural Medicine & Women: a comprehensive handbook*. New York: The Guilford Press. 1998.
- Brennan, Barbara. *Hands of Light: A Guide to Healing Through the Human Energy Field*. New York: Bantam, 1988.
- Brodaty, H., and G. Luscombe, C., Peisah, K. Anstey, and G. Andrews. "A 25-year longitudinal, comparison study of the outcome of depression." *Psychological Medicine* 31 (2001):1347-1359.
- Castronove, Jerri, and Terri Oleson. "A comparison of supportive psychotherapy and laying on-on-of-hands healing for chronic back pain patients." *Alternative Medicine* (1991): 3(4) 217-226.

- Caruso, William, and Gerald Leisman. "A force/displacement analysis of muscle testing." *Perceptual and Motor Skills* 91 (2000): 683-692.
- Carver, C.M., C. Stalker, E. Stewart, and B. Abraham. "The impact of group therapy for adult survivors of childhood sexual abuse." *Canadian Journal of Psychiatry*. 34(8)(Nov 1989) 753-8.
- Chia, Mantak, and Maneewan Chia. *Fusion of the Five Elements I: Basic and Advanced Meditations for Transforming Negative Emotions*, (Huntington, New York: Healing Tao Books, 1989.
- Clark, Duncan B, Melinda G. Smith, Bryan D. Neighbors, Lynne M. Skerlec, et al. "Anxiety disorders in adolescence: Characteristics, prevalence, and comorbidities." *Clinical Psychology Review* Vol 14(2), (1994): 113-137.
- Clayton, P.J., Wm. Grove, W. Coryell, M. Keller, R. Hirschfeld, J. Fawcett. "Follow-up and family study of anxious depression." *American Journal of Psychiatry*. 148(11) (Nov 1991) 1512-7.
- Collinge, William. *Subtle Energies*, New York: Warner Books, 1998.
- Collins English Dictionary*, J. M. Sinclair, ed. Glasgow: Harper Collins Publishers: 1995.
- Coplan, Jeremy D., and Jack Gorman, "Treatment of anxiety disorders in patients with mood disorders," *Journal of Clinical Psychiatry*, 51:10(suppl): October 1990, 9-17.
- Coulter, Catherine R. *Portraits of Homeopathic Medicines: Psychophysical Analyses of Selected Types—Volume 2*. Washington: North Atlantic Books, 1988.
- Coward, H G. "Jung and Kundalini." *Journal of Analytical Psychology* Vol 30(4) (Oct 1985): 379-392.
- Cremasco, Karin. "Energetic Anatomical Rebalancing, as directed by the body, and the measured effect on anxiety and depression in a select group," Ph.D. diss., Greenwich University, 2003,
- Daniels J, J. Hazzard, and T. Campbell. "CT scans for the worried well." *Advanced Nursing Practice*. 10(5) (May 2002): 39.
- Dewe, Bruce. *Professional Kinesiology Practitioner Five Element Chart*. New Zealand: International College of Professional Kinesiology Practice, 2000.
- Diamond, F., "How to manage the worried well." *Managed Care*. 12(6) (Jun 2003): 20-4, 26-7.

Dossey, L. *Healing words: the Power of Prayer and the Practice of Medicine*. New York: Harper Collins, 1993.

Douglas, Angela. "Chakra: Mapping the Matrix: Healing Vision and Communication." *Group Analysis* Vol 35 (Mar 2002): 89-103.

Dressen, Linda J., and Sangeeta Singg. "Effects of Reiki on pain and selected affective and personality variables of chronically ill patients." *Subtle Energies* (1998): 9(1) 51-82.

Dubovsky, Steven. "Understanding and Treating Depression in Anxious Patients." *Journal of Clinical Psychiatry*. 51:10 suppl. (October 1990): 3-8.

Eastman, Daniel. "What is anxiety?" *Complex: the magazine of psychoanalysis and society*. No. 6, (1951): pp. 40-46.

Eden, Donna. *Energy Medicine, Balance Your Energies for Optimum Health, Joy, and Vitality*. New York: Putnam Press, 1999.

Elkins, Rita, *Depression and Natural Medicine*. Pleasant Grove, Utah: Woodland Publishing, Inc. 1995.

Pigott TA. "Anxiety Disorders in Women." *Clinical Psychiatry in North America*. (3) (Sep 2003):621-72, vi-vii.

Ernst, Edzard, Julia I. Rand, and Clare Stevison. "Complementary therapies for depression: an overview," ed. Phil B. Fontanarosa, *Alternative Medicine: An Objective Assessment*. Chicago: American Medical Association, (2000): 172-176.

Frank, Victor. *Dynamics of T.B.M. Workbook, Developed and Presented by Dr. Victor Frank, D.C.* (new revised edition). Sandy, Utah: Total Body Modification Incorporated, 1999.

\_\_\_\_\_. *How TBM Works*. (1996 Total Body Modification Seminars) [Online]. Available: <http://www.tbmseminars.com> Total Body Modification Website. 2002. Accessed January 31, 2003.

\_\_\_\_\_. *Environmental Stress Management Manual*. Sandy, Utah: Total Body Modification Incorporated, 1995.

Frost, R. *Applied kinesiology: A training manual and reference book of basic principles practices*. Berkeley, CA: North Atlantic Books, 2002.

Gagne, Deborah, and Richard C. Toye. "The effects of Therapeutic Touch and relaxation therapy in reducing anxiety." *Archives of Nursing* (1994): 8(3),184-189.

- Gerber, Richard. *A Practical Guide to Vibrational Medicine: Energy Healing and Spiritual Transformation*. New York: Harper Collins Publishers, 2001.
- \_\_\_\_\_. *Vibrational Medicine for the 21<sup>st</sup> Century*. Santa Fe, NM: Bear & Company, 1988.
- Gillham, Jane E., Andrew J. Shatte, and Derek R. Freres. "Preventing depression: A review of cognitive-behavioral and family interventions." *Applied and Preventative Psychology* 9(2) (2000): 63-88.
- Goldberg, David, "The management of anxious depression in primary care." *Journal of Clinical Psychiatry*. (1999):60, 39-44.
- Goodheart, G. H. "Applied Kinesiology and Dentistry." *Basal Facts* 9 (1964): 69-73.
- Gottfries, Carl-Gerhard. *European Archives of Psychiatry & Clinical Neuroscience*, 251(8), (2001): 1157.
- Green, Elmer. *The Ozawkie Book of the Dead: Alzheimer's isn't what you think it is*. Los Angeles: The Philosophical Research Society, 2001.
- Green, Elmer, and Alyce M. Green. "Voluntary Control of Internal States: Psychological and Physiological." *Journal of Transpersonal Psychology*. (Dec 1971): 1-26.
- Greyson, Bruce. "Distance healing of patients with major depression." *Journal of Scientific Exploration*, 10(4), (1996): 447-465.
- Gulak, Jan. "Lowering the Anxiety levels in Persons undergoing Bioenergotherapy." *Psychotronika* (1985), 6-9. (Translated from Polish by Alexander Imich).
- Heidt, Patricia, "Effects of Therapeutic Touch on the Anxiety Level of Hospitalized Patient." *Nursing Research* (1981): 30, 30-37.
- Hay, Louise. *Heal Your Body: The Mental Causes of Physical Illness and the Metaphysical Way to Overcome Them*. Santa Monica: Hay House, 1984.
- Hay, L. L. *Self-affirming: Loving Affirmations For Achieving And Maintaining Optimum Health*, Carlsbad: Hay House, 1990.
- Health Canada: A Report on Mental Illnesses available from  
<http://www.hc-sc.gc.ca>, accessed on 9 February 2003.
- Hyne, T.W. Bach Flower Essences: Dictionary of the Bach Flower Remedies, Positive and Negative Aspects, Essex, England: The C.W. Daniel Company Ltd., 1993.

International Society for the Study of Subtle Energies and Energy Medicine (ISSSEEM) *Annual Conference Agenda*: WS12 “Energetic Anatomical Rebalancing©: the magic within,” available from [www.issseem.org](http://www.issseem.org); Internet; accessed 10 February 2003.

Kaptchuk, Ted J. *The Web That Has No Weaver: Understanding Chinese Medicine*. Chicago: Contemporary Publishing Group, 2000.

Kaneda, Yasuhiro, and Akira Fujii, “The relation between anxiety and depressive symptoms in normal subjects and patients with anxiety and/or mood disorders,” *The Journal of Medical Investigation*, Vol. 47 (2000): 14-18.

Karst, Matthias, Torsten Passie, Steffen Friedrich, Birgitt Wiese, and Udo Schneider, “Acupuncture in the treatment of alcohol withdrawal symptoms: a randomized, placebo-controlled inpatient study,” *Addiction Biology*, 7 (2002): 415-419.

Kessler, Ronald C., Katherine A. McGonagle, Shanyang Zhao, Christopher B. Nelson, Michael Hughes, Suzann Eshleman, Hans-Ulrich Wittchen, and Kenneth S. Kendler, “Lifetime and 12-month prevalence of DSM-III-R Psychiatric Disorders in the United States: Results from the National Comorbidity Survey,” *Archives of General Psychiatry*, 51(Jan 1994): 8-19.

Kessler, R.C., and Z. Ahangang. “The prevalence of mental illness.” quoted in A. V. Horwitz, T. L. Sheid, ed., *A Handbook for the Study of Mental Health - Social Context, Theories and Systems*, (Ch. 3), (Cambridge: University Press, 1999, also quoted in Health Canada, *A Report on Mental Illnesses* available from <http://www.hc-sc.gc.ca>; Internet; accessed 9 February 2003.

Keyes, Laurel Elizabeth. *Sundial: Light and Shadows mark the hours of our search for God*. Denver Colorado: Gentle Living, 1981.

Koss, J. D. “Expectations and outcomes for patients given mental health care or spiritist healing in Puerto Rico,” *American Journal of Psychiatry* (1987): 144(1), 56-61.

Kramer, Nancy Ann. “Comparison of Therapeutic Touch and casual touch in stress reduction of hospitalized children,” *Pediatric Nursing* 1990, 16(5), 483-485.

Kristopher B. Peterson. *Journal of Manipulative and Physiological Therapeutics* 19, (1996), 310-316.

Kunz, Delores. *The Personal Aura*. Wheaton, Illinois: Theosophical Publishing House. 1991.

Lepine, J.P. “Epidemiology, burden and disability in depression.” *Journal of Clinical Psychiatry*, volume 62 Suppl 13 (2001):4-8.

- Lepine, J. P., M. Gaspar, J. Mendlewicz, and A. Tylee. "Depression in the community: the first pan-European study DEPRES (Depression Research in European Society). *International Clinical Psychopharmacology*. Vol 12(1) (Jan 1997):19.
- Linden, W. "Autogenic training: A narrative and quantitative review of clinical outcome." *Biofeedback and Self-Regulation*. (1994). Vol. 19, No. 3.
- Levin, Jeff. *Body Alignment Technique: A Practical System for Transformation and Healing*. Toronto, Canada: Natural Health Institute. [www.bodyalign.com](http://www.bodyalign.com). 1994.
- Lichtenberg, Philip. "A definition and analysis of depression." *Archives of Neurology and Psychiatry* 77 (1957): 519-527.
- Marcotte D. E, and V. Wilcox-Gok. "Estimating the employment and earnings costs of mental illness: recent developments in the United States." *Soc Sci Med*. (Jul 2001): 53(1):21-7.
- Maslow, Abraham H. *Toward a Psychology of Being*, John Wiley & Sons Inc., New York, 1999.
- Milankovic, Andrea. *Raven Essences*. Maple, Ontario: Self Published, 2000.
- McCabe, Susan, and Carol L MacNee. "Weaving a new safety net of mental health care in rural America: A model of integrated practice." *Issues in Mental Health Nursing. Special Issue: Mental health care for rural families*. Vol 23(3) (Apr-May 2002): 263-278.
- Monti, Daniel, John Sinnott, Marc Marchese, Elisabeth J. S. Kunkel, and Jeffrey M. Greeson. "Muscle test comparisons of congruent and incongruent self-referential statements." *Perceptual Motor Skills*, 88, (1999): 1019- 1928.
- Morgan, Peter, Medical Editor. *The Canadian Medical Association Home Medical Encyclopedia*. 1991 (Montreal: The Reader's Digest Association Canada Ltd.)
- Morrison K.H., R. Bradley, and D. Westen. "The external validity of controlled clinical trials of psychotherapy for depression and anxiety: a naturalistic study." *Psychological Psychotherapy*. 76(Pt 2)(Jun 2003):109-32.
- Morris, P. A. "The effect of pilgrimage on anxiety, depression and religious attitude." *Psychological Medicine* (1982): 12, 291-294.
- Myss, Caroline. *Anatomy of the Spirit-The Seven Stages of Power and Healing*. New York: Three Rivers Press, 1996.

\_\_\_\_\_. *Sacred Contracts: Awakening Your Divine Potential*. New York: Harmony House, 2001.

Nierenberg, Andrew A., and Jay D. Amsterdam, "Treatment-resistant depression: definition and treatment approaches." *Journal of Clinical Psychiatry*. Vol 51(6, Suppl.), (Jun 1990): 39-47.

Nunley, Ann. *Inner Counselor: An Intuitive Guide for Life's Journey*. Sterling House: Pittsburgh, PA: Self-published, 1998.

\_\_\_\_\_. "The Inner Counselor Seminar: Its Use of Integrative Conceptual Models and the Symbolic Process™ and their Combined Effect on Anxiety Levels." Ph.D. diss., Greenwich University, 2000.

\_\_\_\_\_, and Bob Nunley. *Inner Counselor Core Course Workbook: Holos University Graduate Seminary*." Self-published. Fall 2001.

Offord, D. R. and M.H. Boyle, D. Campbell, P. Goering, E. Lin, M. Wong, and Yvonne Racine. "One-year prevalence of psychiatric disorder in Ontarians 15 to 64 years of age." *Canadian Journal of Psychiatry* 41 (1996): 559-563.

O'Laoire, Sean. "An experimental study of the effects of distant, intercessory prayer on self-esteem, anxiety, and depression," *Alternative Therapies*, (1997).

Oliver, M. V., Burkell, W.E., & Liskar, N. *Rapid Review Anatomy Reference Guide*. Skokie, Illinois: Anatomical Chart Company, 1996.

Olson, Melodie, and Nancy Sneed. "Anxiety and Therapeutic Touch." *Issues in Mental Health Nursing* (1995): 16, 97-108.

Omura, Y. "Connections found between each meridian (heart, stomach, triple burner, etc.) and organ representation area of corresponding internal organs in each side of the cerebral cortex; release of common neurotransmitters and hormones unique to each meridian and corresponding acupuncture point and internal organ after acupuncture, electrical stimulation, mechanical stimulation (including shiatsu), soft laser stimulation or Qigong." *Acupuncture Elec.* (1990): (a),14,155-186.

Page AC, Hooke GR. "Outcomes for Depressed and Anxious Inpatients Discharged Before or After Group Cognitive Behavior Therapy: A Naturalistic Comparison." *Journal of Nerve and Mental Disorders*. (2003 Oct):191(10):653-9.

Palmer, B.J. *Dynamics of Total Body Modification™ Workbook* by Victor Frank, Sandy, Utah: by the author, 1999.

\_\_\_\_ quoted by Scott Walker. "The Philosophy of Chiropractic." *Neuro-Emotional Extra Techniques™*, Encinitas, California: NET™ Inc., 1993.

Paltis, Jacqueline. *The Sugar Control Bible and Cookbook- The Complete Nutrition Guide to Revitalizing Your Health.* Greensburg, Pennsylvania: Quality Books, 1998.

Persons, Jacqueline B., and George Silberschatz. *Methodological Issues & Strategies in Clinical Research, Third Edition.* Edited by Alan E. Kazdin. Washington, D.C.: American Psychological Association. 2003. 233.

Pert, Candice B. *Molecules of Emotion: The Science behind Mind-Body Medicine.* New York, NY: Touchstone, Simon & Schuster Inc., 1999.

\_\_\_\_\_. “The wisdom of the receptors: Neuropeptides, the emotions, and bodymind.” *Advances in Mind-Body Medicine.* Vol 18(1) (Fall 2002): 30-35.

Peterson, Kristopher B. “A preliminary inquiry into manual muscle testing response in phobic and control subjects exposed to threatening stimuli,” *Journal of Manipulative and Physiological Therapeutics* 19 (1996): 310-316.

Pigott, Teresa A., “Anxiety disorders in women.” *Psychiatric Clinics of North America.* 26 (2003): 621-672.

Pontious, J. Michael, “Understanding the “Worried Well,” *The Journal of Family Practice*, Vol. 51, No. 1, (Jan 2002): 24.

Public Health Association of Australia “Mental Health.” [database online] Website: <http://www.phaa.net.au/policy/disorders.htm>. Internet; accessed February 9, 2003.

Quinn, Janet F. “An investigation of the effect of Therapeutic Touch without physical contact on State anxiety of hospitalized cardiovascular patients.” *Advances in Nursing Science* (1984): 6, 42-49.

\_\_\_\_\_. “Psychoimmunologic effects of therapeutic touch on practitioners recently bereaved recipients: a pilot study.” *Advances in Nursing Science.* (1993): 15/4, 14-26.

\_\_\_\_\_. “Therapeutic Touch as an energy exchange: testing the theory.” *Advances in Nursing Science.* (1984): 6, 42-49.

Reid, Daniel. *Complete Book of Chinese Health and Healing.* Boston: Shambhala, 1994.

Rosenthal, Robert, and Ralph Rosnow. *Essentials of Behavioral Research: Methods and Data Analysis, Second Edition.* New York: McGraw-Hill, 1991.

- Rossi, Ernest L. *The Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis*. New York, London: W. W. Norton, 1986.
- Rowlands, D, Therapeutic Touch: Its effects on the depressed elderly, *Australia Nurses J.* (1984): 13(11) 45-46, 52.
- Seligman, Martin E. P., "The effectiveness of psychotherapy: the Consumer Reports Study," *American Psychologist*, 50(12)(December 1995) 965-974.
- Selye, Hans. *The Physiology and Pathology of Exposure to Stress*. Montreal, Canada: ACTA, Inc., 1950.
- Shakti, G. *Creative Visualization*. New York: Bantam, 1983.
- Schul, Bill. *Let Me Do This Thing, a Poem*. Walpole, New Hampshire: Stillpoint Publishing, 1986.
- Shannon, Scott, Editor. *Handbook of Complementary and Alternative Therapies in Mental Health*. San Diego, CA: Academic Press, 2002.
- Shapiro, Francine, *Eye Movement Desensitization and Reprocessing*, New York/London: Guilford, 1995.
- Shapiro, A. K., and L. A. Morris, "The placebo effect in medical and psychological therapies, In: Bergin, Allen E. and Sol L. Garfield. *Handbook of Psychotherapy and Behavior Change*. New York: Wiley, 1971. 369-410.
- Shealy, C. N., & C. M. Myss. *The Creation of Health: The Emotional, Psychological, and Spiritual Responses That Promote Health and Healing*. Walpole, NH: Stillpoint, 1988.
- \_\_\_\_\_, et al. "Depression: A diagnostic neurochemical profile and therapy with Cranial Electrical Stimulation (CES)." *The J. of Neurological and Orthopaedic Medicine and Surgery* (1989):10 (4), 319-321.
- \_\_\_\_\_, et al. "Non-pharmaceutical treatment of depression using a multimodal approach." *Subtle Energies* (1993): 4(2), 125-134.
- \_\_\_\_\_. "Effects of Transcranial Neurostimulation upon mood and serotonin production: a preliminary report." *Il Dolore* (1979): 1 (1), 13-16.
- \_\_\_\_\_. *Illustrated Encyclopaedia of Healing Remedies*. Rockport, MA: Element Books, 1999.
- \_\_\_\_\_. *Miracles Do Happen: A Physician's Experiences with Alternative Medicine*. Rockport, MA: Element Books, 1995.

- \_\_\_\_\_. *The Self Healing Workbook: Your Personal Plan for Stress Free Living.* Dorset, UK: Redwood Books. 1993.
- \_\_\_\_\_. “Relaxation with synchronous photo-stimulation: the Shealy RelaxMate™.” Presented at the meeting of American Academy of Neurological and Orthopedic Surgery, December 1990.
- \_\_\_\_\_. *Sacred Healing, the Curing Power of Energy and Spirituality.* Boston: Element Publishing, 1999.
- \_\_\_\_\_. “Transcutaneous Electrical Nerve Stimulation: the treatment of choice for pain and depression.” *Journal of Alternative and Complementary Medicine*, Vol 9. Number 5 (2003): 619-623.
- Siegel, B. S. *Love, Medicine and Miracles: Lessons Learned About Self-Healing From a Surgeon’s Experience with Exceptional Patients.* New York: Harper & Row, 1986.
- Simington, Jane A., and Gail P. Laing. “Effects of Therapeutic Touch on Anxiety in the institutionalized elderly.” *Clinical Nursing Research.* (1993): 2(4), 438-450.
- Skinner, B.F. *Science and Human Behaviour*, New York: Macmillan, 1953.
- Smith, Stanley L., Kimberly A. Sherrill, and Christopher C. Colenda. “Assessing and treating anxiety in elderly persons.” *Psychiatric Services.* Vol 46(1) (Jan 1995): 36-42.
- Smith RC, Gardiner JC, Lyles JS, et al. “Minor acute illness: a preliminary research report on the ‘worried well.’” *Journal of Family Practice.* 51(2002): 24-29.
- Spielberger, Charles D. *State-Trait Anxiety (FormY) Manual.* Redwood City, California, 1983.
- Steel, Harvey. *BOS: Your Biocomputing Operating System: The Doctor’s Technique Manual.* Chatham, Ontario: Steel Clinic, self-published, 1994.
- Steel, Larry. *Biocomputer Operating System.* Chatham, Ontario: Steel Health Division of Healing Horizons Inc. Self-published, 1998, 2000.
- Tart, Charles T. “Transpersonal Potentialities of Deep Hypnosis.” *Journal of Transpersonal Psychology.* (December 1971): 27-40.
- Thase, ME. “Evaluating Antidepressant Therapies: Remission as the Optimal Outcome.” *Journal of Clinical Psychiatry.* (2003):64 Suppl 13: 18-25.

- Thie, John F. *Touch For Health, a New Approach to Restoring Our Natural Energies*. Pasadena, California: T. H. Enterprises, 1973.
- Thibodeau, Gary. *Structure and Function of the Body*. St. Louis, Missouri: Mosby, 1992.
- Tiller, W. "Energy Fields and the Human Body." *Frontiers of Consciousness*, Edited by J. White. New York: Avon Books, 1974.
- \_\_\_\_\_, Walter E. Dibble, Jr., and Michael J. Kohane. *Conscious Acts of Creation: The emergence of a New Physics*. Walnut Creek, California: Pavior. 2001.
- Thornton, Lucia. "The model of whole-person caring: redefining our way," Colorado: *Bridges ISSSEEM Magazine*. (2003):14(2).
- Ullman, D. *Discovering homeopathy: Medicine for the 21st century*. Berkeley, CA: North Atlantic Books, 1988.
- Upledger, John, and Jon D. Veredevood, *Craniosacral Therapy*, Chicago: Eastland, 1983.
- Ustin, T. Bedirhan. "The Global Burden of Mental Disorders," *American Journal of Public Health*, Vol. 89, No. 9 (September 1999): 1315-1318.
- Vannini, Vanio, and Giuliano Pogliani, Translated by Dr. Richard T. Jolly. *The Colour Atlas of Human Anatomy*. New York: Beekman House, 1980.
- Wade, Jenny. *Changes of Mind: A Holonomic Theory of the Evolution of Consciousness*, Albany, New York: State University of New York Press, 1996.
- Walker, S. "The triangle of health: once more with feeling." *Digest of Chiropractic Economics*. (May/June 1990): 16-25.
- Weiner, M., & K. Goss. *The Complete Book of Homeopathy*. Garden City, NY: Avery Publishing Group, 1989.
- Weiss, B. L. *Through Time into Healing: Using Regression for Physical, Emotional, and Spiritual Healing*. New York: A Fireside Book/ Simon & Schuster, 1993.
- \_\_\_\_\_. *Many Lives, Many Masters*. Columbus, OH: Fireside, 1988.
- \_\_\_\_\_. *Through time into healing*. New York: Simon & Schuster, 1992.
- Weissman, Myrna, and Peter Jensen. "What research suggests for depressed women with children." *Journal of Clinical Psychiatry* Vol 63(7), (Jul 2002): 641-647.

- Weissman, M., M., V. Warner, and P. Wickramaratne, et al. "Offspring of depressed parents 10 years later." *Arch Gen Psychiatry*, 54, (1997): 932-940.
- Westbury, Elizabeth and Leslie M. Tutty, "The efficacy of group treatment for survivors of childhood abuse," *Child Abuse & Neglect*, 23(1)(January 1999):31-4.
- Wilber, Ken. *Integral Psychology: Consciousness, Spirit, Psychology, and Therapy*. Boston: Shambhala, 2000.
- \_\_\_\_\_. *Brief History of Everything*. Boston: Shambhala, 2000.
- Williamson, M. *Illuminata: A Return to Prayer*. New York: Riverhead Books, 1994.
- Wittchen, Hans. "Generalized anxiety disorder: nature and course." *Journal of Clinical Psychiatry* 2 Suppl. 11(2001): 15-19.
- The World's Best Anatomical Chart Series, Classic Library Edition. *A Comprehensive Collection of 48 Classic Anatomical Charts in a Laminated Desk Size Version*. Skokie, Illinois: Anatomical Chart Company, Springhouse Corporation, 2000.
- World Health Organization. "The World Health Report 2001: New understanding: new hope." *Chapter 3, Solving Mental Health Problems*, [Online report] available from <http://www.who.int/whr2001/2001/main/en/contents.html>; Internet: accessed 9 February 2003.
- Yorde, Betty, and J. Melvin Witmer. *Teaching Stress Management*. Ohio: Ohio University. 1979.
- Zukav, Gary. *The Heart of the Soul*. New York: Simon & Schuster, 2001.
- \_\_\_\_\_. *The Seat of the Soul*. New York: Simon & Schuster, 1989.
- Zung, William W. K. "Depression in the normal population." *Psychosomatics*. 12 (3) (May 1971): 164-7.
- \_\_\_\_\_. "From art to science: the diagnosis and treatment of depression." *Archives of General Psychiatry*. 29 (1973): 328-337.
- \_\_\_\_\_. Kathryn, Magruder-Habib, Ramon Velez, and Wendy Alling. "The comorbidity of anxiety and depression in general medical patients: a longitudinal study," *Journal of Clinical Psychiatry* 61:6 (1990): 77-81.
- \_\_\_\_\_. "The Measurement of Depression," *CIBA Pharmaceutical Company*, Summit, New Jersey: CIBA-GEIGY Corporation: 1981.

\_\_\_\_\_. "A Self-Rating Depression Scale." *Archives of General Psychiatry*. Vol 12. (Jan 1965): 63-70.

## **APPENDIX A:** **CONCEPTUAL CONSTRUCT FOR BODY** **HARMONIZATION<sup>©</sup>**

### **A1. Body Harmonization<sup>©</sup>**

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- b. Complementary to Other Types of Treatment
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- b. BAT<sup>TM</sup>
- b. BOS<sup>TM</sup>
- c. BOS<sup>TM</sup>/BES<sup>TM</sup> Energy Balancing Flowchart<sup>©</sup>
- d. Body Harmonization<sup>©</sup> and Biocomputer Emotional Spiritual<sup>TM</sup> (BES<sup>TM</sup>) technique
- e. BOS<sup>TM</sup>, BES<sup>TM</sup>, and Inner Counselor<sup>TM</sup>

## A1. Body Harmonization<sup>©1</sup>

### Introduction

This research project is looking at the efficacy of a spiritual healing intervention called Body Harmonization<sup>©</sup>. It is an integration of two subtle body energy-balancing techniques, Biocomputer Operating System™ (BOS™),<sup>2</sup> and Biocomputer Emotional Spiritual™ (BES™) technique<sup>3</sup>. Also employed are the techniques of Total Body Modification™ (TBM™)<sup>4</sup>, Body Alignment Technique™ (BAT™)<sup>5</sup>, and Inner Counselor™. Body Harmonization<sup>©</sup> incorporates three different tools: 1) the model of the body as a biocomputer concept; 2) “filters” (homeopathic filter papers sealed in a rubber ring); and 3) a flow chart, (a decision tree of questions) referred to as the “menu.” Using the model of a computer, Body Harmonization<sup>©</sup> is analogous to ‘keying in’ data in a computer program, to clear the body’s control system of errors, disturbances and interferences, so that its inborn healing potential can be fully expressed. The techniques of BOS™ and BES™ move the energy towards balance at specific body locations, using the practitioner’s hands to program by ‘keying in,’ ‘holding,’ or ‘tapping’ on specific points on the body. The actual procedure for an individual “balance” is determined by challenging an intact muscle in the arm (called muscle testing or applied kinesiology<sup>6</sup>), while asking which one of the above energetic interventions is congruent with the body’s needs in that present moment. This dictates which energy rebalancing intervention should be used by the practitioner. (See example in Table 24. Simplified Typical Body Harmonization<sup>©</sup> energy balancing session for depression or anxiety.) In utilizing this technique, it is the body that is the authority and not the practitioner. (This could also be

called accessing the body's wisdom, the higher self, the wise self, or the ever-conscious.)<sup>7</sup> The body chooses the modalities that would serve it best to restore it to "energetic balance." Muscle testing through the menu of questions is used as a means of the following:

- a) Identifying the entry points or the physiological systems using the "filters" that resonate with the body's electrical system<sup>8</sup> which involve the presenting concerns.
- b) Determining the energetic causes of these physical and mental disturbances.

Gerber feels it may be just as important to recognize the reasons behind illness.<sup>9</sup>

All levels of the human body, mind, and spirit are integrated into Body Harmonization<sup>©</sup> and the conceptual model, BOS™/BES™ Energy Balancing Flowchart®. Body Harmonization<sup>©</sup> seeks to balance the energy anatomy i.e. the subtle energy fields, the meridian system and the chakras, as well as the anatomy and physiology of the body.

#### Complementary to Other Types of Treatment

Body Harmonization<sup>©</sup> may complement other treatments such as psychotherapy. It may be complementary to prevent, or minimize, the use of psychopharmacological therapies. (Monitoring medications is done exclusively by the medical doctor or psychiatrist.) This technique seeks to restore balance to the human subtle energy fields to regain or maintain mental and physical health or prevent mental or physical illness.<sup>10</sup> This is determined from the answers given to the menu-driven questions by the body through the muscle testing by the practitioner. Rebalancing is achieved various means, such as:<sup>11</sup>

- i) Tapping the Governing Vessel at specific point(s) as the body indicates.
- ii) Tapping the subject's hand on Meridian-Chakra-Connection Point.

iii) Facilitating vibrational infusion of flower essences (i.e. Raven Essences<sup>12</sup> and Bach Flower essences<sup>13</sup>) or symbols into chakra as indicated.<sup>14</sup>

iv) Holding specific points on the body.

v) Generating specific patterns of breathing.

### Conceptual models for Body Harmonization<sup>©</sup>

The following is an outline of several conceptual models which form the basis for Body Harmonization<sup>©</sup>.

#### Kinesiology or Muscle Testing

Manual muscle testing often referred to as applied kinesiology, was developed as a technique by Dr. George Goodheart. Peterson (1996) writes:

“In 1964, Goodheart observed that during manual muscle testing, an apparently healthy muscle would perceptibly weaken under certain stimuli. Continued clinical exploration of this phenomenon led to the development of Applied Kinesiology™ (AK™).<sup>15</sup> The major tenet of AK™ is that the response of the neuromuscular system to chemical, physical and emotional stimuli, can serve as an indicator of the functional status of the patient’s physiology. AK™ holds that the interpretation of the patient’s response to this clinical testing procedure, can complement clinical diagnostic procedures, thereby aiding the health care provider, in the therapeutic decision-making process.

Manual muscle testing procedure, as outlined in the AK status statement, relates to the examiner’s perception of the ability of a muscle to ‘lock’ in response to a chemical, physical or emotional stimulus. A lock response is related not to the strength of the muscle being tested but to the sense that there is a specific end point or firmness of resistance to the examiner’s pressure. A weak or ‘spongy’ muscle response to a stimulus taken in context of the test could be indicative of a functional maladaptive physiological to the stimulus.”<sup>16</sup>

### *Neuro-Emotional Technique™ (NET™)*

Peterson writes about Dr. Scott Walker, a chiropractor who developed a technique called Neuro-Emotional Technique™ (NET™) for balancing the emotional component of what he feels are the three causes of disease: Emotional, Biochemical and Structural.

“Walker proposed the use of manual muscle testing in assessing the patient’s response to emotional stimuli. If the patient’s contemplation of a memory or concept produces an inhibition of the tested muscle, the patient is considered physiologically incongruent with the concept or memory which indicates a cathected response to the stimulus.”<sup>17</sup>

Walker writes about the emotional component called an NEC©:

“An NEC is a subjective maladaptive syndrome adopted by the human organism in response to a real or perceived threat to any aspect of its survival. Treatment of an NEC is accomplished by chiropractic adjustment and can usually be done in three to five minutes.

The method of diagnosis utilizes among its tools, basic muscle testing, flowcharted procedures ...and most of the following components of an NEC©:

- A) A specific sequence of subluxations;
- B) A facilitated or inhibited muscle;
- C) A high or low meridian status;
- D) A memory of a significant, past, emotional event;
- E) A specific emotion;
- F) A specific, organ-related, active reflex point;
- G) Active (Bennett’s) frontal eminence reflex points;
- H) A vulnerability to suppression, re-stimulation/re-aggravation;

Most have a positively or negatively charged snap-shot or mental picture and a complicated mechanism to ensure re-aggravation and a history of doing so. Treating the NEC© allows the body to restore homeostasis. This includes the inducement of subluxation stabilization mechanisms, the balancing of meridians and muscles, and the mitigation of the previous subjective impact of the emotion.”<sup>18</sup>

It will be illustrated in this dissertation, that while the techniques of NET™ and Body Harmonization® vary widely, NET™ provides support for some of the basic premises found in Body Harmonization®. These include “muscle testing, flowcharted procedures, meridians, a memory of a significant, past, emotional event, a specific emotion, a specific, organ-related point, and emotional points, found on the forehead.”<sup>19</sup>

## **A2. Spiritual Healing, Energy Medicine, and Subtle Energies**

Body Harmonization® is a form of spiritual healing also known as energy medicine, that is intended to offer balance to the subtle energy fields (which includes the physical), the meridian system, and the chakra system. Balance is defined by Collins English Dictionary as, “...3. a state of equilibrium. 4. something that brings about such a state ... 6. emotional stability; calmness of mind. 7. harmony in parts of a whole.”<sup>20</sup> Spiritual healing is defined as “a procedure that involves rebalancing the energy field” which Brennan calls, “the Human Energy Field that exists around each of us.”<sup>21</sup> The International Society of the Study of Subtle Energies and Energy Medicine (ISSSEEM) defines energy medicine and subtle energies thus: “Energy Medicine includes all energetic and informational interactions resulting from self-regulation, or brought about through other energy linkages to mind and body.”<sup>22</sup>

“Subtle Energies, compared with ‘energy medicine,’ is a concept more difficult to define within the current scientific paradigm. Ancient and modern wisdom traditions describe human bioenergies referred to by many names (e.g., chi, ki, prana, etheric energy, fohat, orgone, odic force, mana, homeopathic resonance) that is believed to move throughout the so-called ‘etheric’ (or subtle) energy body and thus is difficult to measure using conventional instrumentation. In addition, many of the complementary and alternative therapies that are becoming increasingly popular appear to involve the flow of these subtle energies through the dense physical body.”<sup>23</sup>

“Energy is all there is,” writes Eden,

“Einstein showed through physics what the sages have taught for thousands of years; everything in our material world—animate and inanimate—is made of energy, and everything radiates energy...He concluded that continuously unfolding and dynamic nature of the universe could only be understood as the work of a higher guiding intelligence of another dimension.”<sup>24</sup>

Reid indicates that Chinese medicine is congruent with Eden’s quote, “In the Chinese system, everything ultimately boils down to energy, a view which modern Western physics is beginning to verify.”<sup>25</sup>

Referring to forms of energy in different energy fields, Gerber writes, “...each oscillates at a different frequency or rate of vibration...” and “...takes into account all the many forms and frequencies of vibrating energy that contribute to the ‘multidimensional human energy system.’”<sup>26</sup>

There is much in the literature, which discusses the human body as an energy system. Conventional medicine recognizes the electrical, chemical, electromagnetic, physiological systems of the human body.<sup>27</sup> There are variations in the models, but essentially, there are three main systems of subtle energy in the human body: the human subtle bodies, the acupuncture-meridian, and the chakra systems.

Body Harmonization<sup>©</sup> was named, to encompass more fully the concepts of BOS™ and BES™ as being multi-dimensional. “Body” in this context refers to two different aspects of anatomy: energetic anatomy, and physiological anatomy. In addition the term “Body” also refers to theory that the body’s ‘innate wisdom’ directs the healing. Harmonization refers to the act of supporting these different aspects so they are in harmony, i.e. “congruent to the parts of the whole or to one another.”<sup>28</sup>

## Energetic Anatomy

Energetic Anatomy refers to subtle bodies, chakras, and meridians, which are vibrational components of the human energy field or “The Whole Self.” as described in Inner Counselor<sup>©</sup>, “the most basic model of a person would include the Higher Self, the mental body, the emotional body, and the physical body.”<sup>29</sup>

### Subtle Bodies

Often called the “aura,” Kunz describes the subtle bodies which surround the human body as a “luminous cloud of color surrounding each of us which includes our feelings, our mind, our consciousness,”<sup>30</sup> as well as the template for the physical body. Gerber refers to the forms of energy in the different energy fields: “each oscillates at a different frequency or rate of vibration...” and “...takes into account all the many forms and frequencies of vibrating energy that contribute to the multidimensional human energy system.”<sup>31</sup> Nunley describes the different parts of the subtle energy bodies as the MENTAL BODY where conscious, sub-conscious and ever-conscious perceptions, ideas, and “beliefs are stored symbolically as ‘thought-forms;’ the EMOTIONAL BODY where emotions are associated with those ‘thought-forms;’ the SUBTLE ENERGY BODY, which contains the potential for the formation of physical conditions and actions; and finally the PHYSICAL BODY.”<sup>32</sup>

### Meridians

According to the 5 000 year-old Chinese tradition, meridians are connected to the organs in the body which are connected with certain emotions.<sup>33</sup> Eden, in her book *Energy Medicine*, describes meridians as “energy pathways.” Diagrams illustrate the meridians on the surface of the body, which are overlays of the organs. She writes,

“Acupuncture points are on the surface of the skin, but the meridians they open into, travel deep into the body and through each of the organs and muscle groups. Your meridians are your body’s energy bloodstream.

Each of your twelve meridians is actually a segment of a single energy pathway that runs throughout the body, surfacing twelve times and appearing as twelve segments. Each segment is named for the primary organ or system that it services. Two additional energy pathways, called central meridian [also known as conception vessel], and governing vessel, are also thought of as meridians”

“Meridians affect every organ and every physiological system, including the immune, nervous, endocrine, circulatory, respiratory, digestive, skeletal, muscular, and lymphatic systems. Each system is fed by at least one meridian. An artery carries blood in the same way that a meridian carries energy. As the body’s ‘energy bloodstream,’ the meridians bring vitality and balance, remove blockages, adjust metabolism, and even determine the speed and form of cellular change. Their flow is as critical as the flow of blood; your life and health depend on both. If a meridian’s energy is obstructed or unregulated, the system it feeds is jeopardized.”<sup>34</sup>

### Chakras

“**Chakra** n. (in yoga) one of the major centres of spiritual power in the human body, reputed to be located along the spinal column. [C19th century: from Sanskrit *cakra* wheel, circle]”<sup>35</sup>

Richard Gerber compares the flow of energy (ch’i or chi) through the meridians with that of the chakras:

“We have discussed how a balanced flow of ch’i energy through the acupuncture-meridian system is crucial to achieving health. But ch’i flow through meridians is only one of the many human subtle-energy systems that must be in balance in order to maintain health. Blockages in the flow of subtle energy through the chakra system can be an equally important contributor to dis-ease.

“Although both ch’i and prana are life energies, prana is a distinct and different form of life energy from ch’i. The seven major chakras (and the smaller channels known as nadis) absorb and distribute prana to the various organs and tissues of the body. It seems anything that causes a blockage or disturbance in the flow of subtle energy through one or more chakras can also lead to the development of illness in the body. One of the important causes of chakra blockage is chronic emotional stress and emotional energy imbalance. Just as physical toxins can produce illness, emotional toxins can poison the spiritual as well as the physical bodies in various subtle ways...negative emotions create

chakra imbalances that shut down the flow of pranic life energy to our body's vital organs.”<sup>36</sup>

Myss agrees with this interpretation.

“All our thoughts, regardless of their content, first enter our systems as energy. Those that carry emotional, mental, psychological, or spiritual energy produce biological responses that are then stored in our cellular memory. In this way our biographies are woven into our biological systems, gradually, slowly every day.”<sup>37</sup>

Myss demonstrates the interconnectedness of the physiology, the emotions, and the chakras through “Energy Anatomy” charts.<sup>38</sup> Reid in his book, *The Complete Book of Chinese Health and Healing*, explains the relationship of the organ/meridian with emotions very clearly with the following example:

“The kidneys are the seat of courage and willpower, and therefore any impairment in kidney energy results in feelings of fear and paranoia. Intense fear can cause involuntary urination.”<sup>39</sup>

Each chakra and each meridian have certain emotional qualities and are connected to certain organs. Chakras are related to Meridians through the quality of the emotions and the physiology of the organs that they both have in common. The BES™ techniques used in the Body Harmonization© interventions, were developed to integrate the emotions with the meridians and their corresponding organs, and the chakras. (Refer to Figure 10.)

### Physiological Anatomy

Physiological anatomy refers to human anatomy and physiology. Biocomputer Operating System™ is an extremely specific form of Spiritual Healing. When the “Entry Points” are discovered through muscle testing via the main menu, it is explicit anatomy that is ‘entered’ into the ‘program’ of the body (which is, according to this protocol, analogous to a biocomputer). In BOS™ we find these detailed entry points through

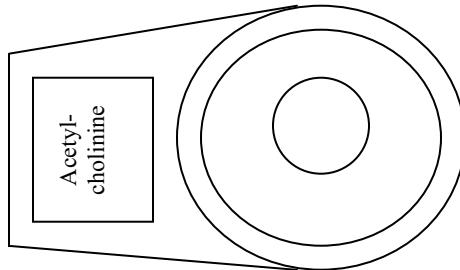
muscle-testing anatomy books and anatomy charts,<sup>40</sup> scanning the body and testing ‘filters.’

### A3. Filters

Filters (Figure 4.) consist of a black rubber holder with 2 clear plastic disks in the centre. These discs house a piece of homoeopathically potentized filter paper which contains energetic frequencies representing the vibration of what we are testing (e.g. neurotransmitters, hormones, glands, immune system components). They are placed on or near the body. If the subject’s arm muscle weakens, the body indicates that particular filter is a part of the program, which is in need of balance.

Filter Used in Biocomputer Operating System<sup>TM</sup>

Figure 4. Filter Used in Biocomputer Operating System<sup>TM</sup>



There are various types of filters including Central Nervous System, Neurotransmitters, Glands, Hormones, Secretions, Upper Gastro Intestinal, Lower Gastro Intestinal, Secretions, Circulation, Musculoskeletal, Bacteria, Virus, Parasite, Mould and Fungus, Kidney, Heavy Metals, Teeth, T-cells, Environmental and Allergens, Tissue Layer, Immune System, and several others. After testing which item in the main menu is the

priority, these filters are then used to find where the disturbances are in the physical body.

#### **A4. Body as a Biocomputer**

In *A Practical Guide to Vibrational Medicine*, Gerber connects the physical and emotional energy fields with the chakra system and introduces the concept of the “body computer” or “biocomputer” model:

“...each major chakra has the capacity to function like a computer hard drive for storing the memories of specific emotional and spiritual experiences ...It is said the very tissues of the physical body remember different types of emotional and physical traumas that we experience during a lifetime.”<sup>41</sup>

The body and particularly the brain, has been referred to as a “biocomputer” by other authors such as Elmer Green,<sup>42</sup> Jeff Levin, (Body Alignment Technique<sup>TM</sup>)<sup>43</sup> and Dr. Victor Frank, founder of Total Body Modification<sup>TM</sup>.

#### **Total Body Modification<sup>TM</sup> (TBM<sup>TM</sup>)**

According to Dr. Vic Frank, founder of TBM<sup>TM</sup> (TBM<sup>TM</sup> is a foundation technique of BOS<sup>TM</sup>),

“Bio-computer of the body has been taught in medical schools since the mid 50’s that I am aware of, but we in TBM are able to access and work with the computer programs of the body.”<sup>44</sup>

In TBM<sup>TM</sup>, the conceptual model of the body as biocomputer is based on the analogy that the functioning of the body is like that of a “computer and an electrical circuit”, which Dr. Frank described:

“The nervous system is composed of the Central Nervous System, which runs the voluntary function or movements and the Autonomic Nervous System which runs the involuntary functions of the body, such as heartbeat and

digestion. Each of these systems is further divided into Sensory and Motor Fibres. . .

The brain is the primary control for both branches of the nervous system. Sensory Fibres carry messages to the brain where they are processed, like a computer, and the brain in turn, tells the body what to do.

Research has proven that under sufficient stress, for any reason, the neurons in the brain centers, which are controlling the stressed organ or body part, essentially depolarize. This is like blowing a fuse on an electric circuit. The message gets to the brain but fails to return. The result is that the brain (computer) loses effective control over the afflicted organ or body part. This leaves the organ or body part running out of control.

Using tried and tested reflex points and muscle testing, the TBM practitioner can find the problem. The practitioner will then stimulate a specific area or areas of the spine in a specific manner in an attempt to stimulate the neurons in the brain to repolarize (fix the fuse) and allow the brain to regain control of the body and guide it back to health. Since a correctly functioning nervous system is a major requirement for health, it follows that TBM can have a part to play in almost any problem, uncover, and correct the roadblocks to recovery.<sup>45</sup>,

Alternatively, Dr. Frank described TBM:

“We use a simple indicator muscle test and test points located throughout the body to determine the positive or negative function of that body. It has been taught for the last few decades that all of the body functions are controlled by the biological computer within the body. TBM has found that by using the test points and an indicator muscle, we can test the various computer programs within the body.

D.D. Palmer said, ‘Too much or too little energy is pathology.’ He was right. If the body programs run too fast or too slow, pathology can develop. TBM can normalize that flow of energy by balancing the body’s computer programs.<sup>46</sup>

#### Biocomputer Operating System™ (BOS™)

In the original Biocomputer Operating System™ Manual, the late Harvey Steel described a balance called Laterality, also using the body as a biocomputer:

## Laterality<sup>©</sup>

“To understand the concept of laterality<sup>©</sup> and its importance to your client, you need to know that the body’s autonomic functions are stored in the dominant hemisphere and controlled by what amounts to: systems of computer files stored sequentially.

Any number of occurrences can disrupt clear cerebral dominance and result in filing sequence breaks i.e. head injury, infections and fever, inhalation of volatile solvents, shock, general anaesthetic etc.

When a filing sequence is broken, the automatic control of a body process fails resulting in aberrant physiological function in the associated system.

Hypoglycaemia and many autoimmune disorders, in their early stages can be corrected with Laterality Balancing Procedure.

Hints That a Laterality Distortion is Present:

- Client complains of pain on the right side of the body but therapy localizes on the left or visa-versa.
- Client complains of poor coordination, memory loss, hearing and visual processing difficulties, poor concentration, [Author’s note: also garbled words, emotional volatility and vulnerability.]

Rule: Always balance Laterality first before attempting any other treatment. You may find that the Laterality Balancing Procedure took care of the other problem. You will also find your other balances hold the first time. If you are a practitioner that does an initial assessment, do the examination before Laterality.<sup>47,”</sup>

Laterality is the primary balance which is done for a BOS<sup>TM</sup> patient or BES<sup>TM</sup> client. The pre-requisite for the research project was that all participants had their laterality done by a BOS<sup>TM</sup> practitioner or BES<sup>TM</sup> student, at least one week prior to participating in the research. The reason for this limitation was to be certain that this project was studying the measurable effect that Body Harmonization<sup>©</sup> had on anxiety and depression, and not on the laterality balance. There may be some explanations for the theory behind the use of norepinephrine and acetylcholine in Chinese medicine. Omura et al found that nor-epinephrine and acetylcholine were two of the neurotransmitters which were found in high concentrations

“within the boundaries of most acupuncture points and meridian lines...and

when the acupuncture needle was inserted anywhere in the acupuncture point, acetylcholine along with other hormones, appeared all over the body, regardless of the meridian or acupuncture point, and they disappeared from the acupuncture point only to reappear once again on the meridian line at the center of the acupuncture point. Most acupuncture points often contain many common neurotransmitters including Acetylcholine and Norepinephrine. This phenomenon requires further future study. They exist very close to the surface of the skin, and have the capability of storing neurotransmitters...and some hormones...The unique hormone specific to each meridian was also found in its organ representation area of the cerebral cortex on both sides of the brain.”<sup>48</sup>

#### BOS™/BES™ Energy Balancing Flowchart (Figure 2)

Rebalancing refers to the body returning to balance. In Biocomputer Operating System™, it is a basic premise that the body knows how to heal itself if the interferences, disturbances and blockages in its ‘program,’ which are preventing it from doing so, are cleared. BOS™/BES™ “Energy Balancing Flowchart” (Figure 2) is a flow chart used in Body Harmonization®. It could be called the software program of the ‘Biocomputer.’ The Sub-menus provide a map to track the sequence of the programs on the computer. The following serves to demonstrate how the menus are used in the practice of BOS™ by Larry Steel. (This is also the basic technique used in the Body Harmonization® intervention by the investigator for this research.)

(Disclaimer: It is important to note that the following is not a diagnosis. These are the energetic forms of virus, bacteria, parasites, mould, fungi, or allergens. Working with such subtle energies, the body often seems to indicate an energetic disturbance before it is physically evident in the body. The following is not a treatment for any particular condition. These are entry points for total body balancing for general well-being. For all medical issues, it is recommended that clients see their doctor or other qualified health care professional.)

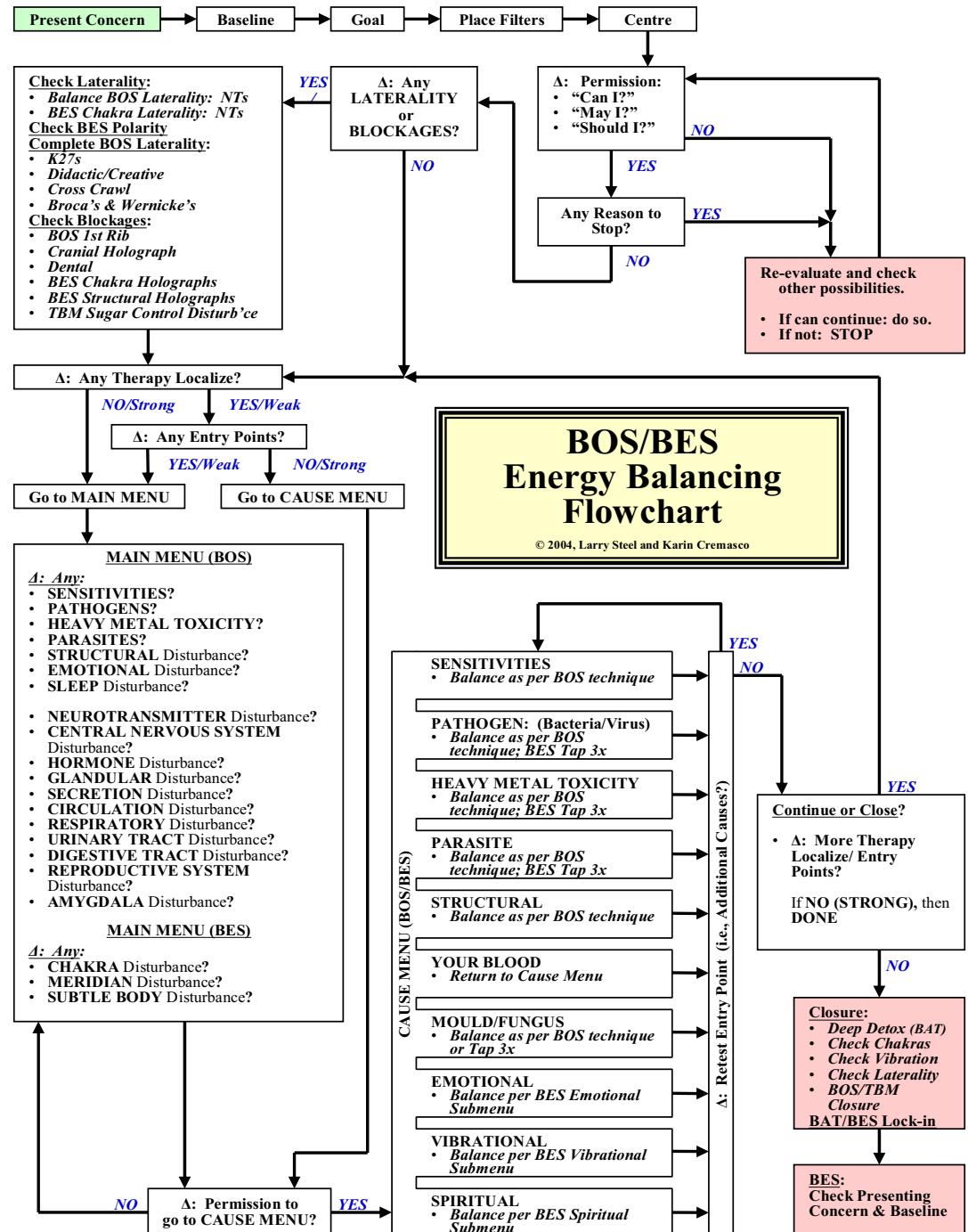


Figure 5. **BOS<sup>TM</sup>/BES<sup>TM</sup>** Energy Balancing Flowchart

The BOS™ practitioner stands on the right side of the patient who is lying on his or her back on a massage table. An assistant stands on the patient's left side of the table with her hand on the patient's knee. The practitioner then muscle tests the assistant's arm who is acting as a surrogate for the patient's energy field for each of the items on the main menu to find a group of filters, if any, which "test" (i.e. "*Any Sensitivities? Any Pathogen? Any Heavy Metal Toxicity? Any Parasite? Any Structural Disturbance? Any Emotional Disturbance? Any Neurotransmitters Disturbance? Any Central Nervous System Disturbance? Any Respiratory System Disturbance? Any Digestive Disturbance* etc.) The practitioner tests each item by pushing on the surrogate assistant's arm after each phrase stated silently. When the surrogate's arm weakens, it indicates that there is a disturbance in that area, in need of balance. The assistant gets the appropriate group of filters (e.g. group of different types of neurotransmitters including serotonin, dopamine etc.), hands them to the practitioner, and the practitioner tests each filter, by contacting the patient's body with the filter, 'entering' any that make the assistant's arm unlock. Entering is done with a movement of the practitioner's hand across the patient's face. It is like the enter key on the computer, which posts the information onto the hard drive. It indicates the biocomputer is ready for more information. When all of the points are entered, the practitioner tests for the energetic cause of the disturbance by testing another menu list, similar to the first one: *Sensitivity, Pathogen, Parasite, Heavy Metal, Mould/Fungus, Structural, and Emotional*. When one item on the list 'tests', he 'enters' it with the movement of his hand , and goes to the particular treatment for that specific energetic cause, to offer balance. (Example: If the energetic cause is *Pathogen/Virus*, the practitioner scans a pile of filters containing the

vibrational frequencies of different viruses, until one causes the surrogate's arm to go weak/unlock. Scanning is done by simply holding a group of filters (e.g. 6) in the practitioner's hands, near the client's body and muscle testing it. If the whole group tests, it is known that at least one filter in the pile is causing the whole pile to test. The practitioner tests that pile, one filter at a time, until the filter which causes the surrogate's arm to drop is found. The practitioner then proceeds to balance that virus filter with the BOS™ pathogen harmonization technique by testing and entering various immune system filters, and testing which organs in the body are involved and balancing the energy of those organs by tapping on the nerve root at specific points along the conception vessel<sup>49</sup>. This is repeated if *Pathogen, Parasite, Heavy Metal, or Mould/Fungus Disturbances* test. If *Structural Disturbance* tests, the practitioner scans the body, by moving his hand over the client's body until he finds an area where the surrogate's arm unlock, indicating an area of disturbance, and proceeds to harmonize the energy in that joint or spinal area. If the energetic cause is found to be an *Emotional Disturbance*, the practitioner scans a list of emotions from Total Body Modification™ and when one tests, the practitioner rubs on the patient's forehead (as per TBM™ technique listed) or uses the BES™ technique (see appendix E). These examples are simplifications but they demonstrate the basic technique.<sup>50</sup>

## Body Harmonization<sup>©</sup> and Biocomputer Emotional Spiritual<sup>™</sup> technique

To summarize, Body Harmonization<sup>©</sup> is a fluid dance of energy in unison with and directed by the body wisdom of the client using a highly practical system of menus. It is based on the rebalancing of the energy anatomy, which includes the subtle energy fields, the meridian system of the body, the anatomy, and physiology of the body. How this is achieved is determined from the answers given to the menu-driven questions by the body, through the muscle testing.

The understanding of Body Harmonization<sup>©</sup> and the development of Biocomputer Emotional Spiritual<sup>™</sup> (BES<sup>™</sup>) technique has evolved as a result of the author's study and practice of Spiritual Healing, personal meditations, and through 'asking the body' of many clients through muscle testing. Figure 23 "Emotional Cause Sub-menu" is a schematic presentation of the complete BES<sup>™</sup> technique, in addition to the basic conceptual model: "BOS<sup>™</sup>/BES<sup>™</sup> Energy Balancing Flowchart<sup>©</sup>." In the appendix, the red font and red lines and arrows indicate the path of the specific emotional focus of Biocomputer Emotional Spiritual<sup>™</sup> technique. There are also simplified instructions for a typical BES<sup>™</sup> balance. For a full understanding of the techniques, it is recommended a course of study be completed in BOS<sup>™</sup>, BES<sup>™</sup>, and Inner Counselor<sup>™</sup>.

The workings of BOS<sup>™</sup> could be described with Gerber's words:

"... all the atoms and subatomic particles making up the human body are also a kind of a frozen energy...This means people can be considered complex bundles of frozen energy! Since all energy vibrates and oscillates at different rates, then, at least at the atomic level, the human body is really composed of different kinds of vibrating energy.

The term 'vibrational medicine' comes from this fact. More specifically, vibrational medicine is an approach to the diagnosis and treatment of illness based upon the idea that we are all unique energy systems. By using a vibrational-medicine approach, it is possible to diagnose different types of illnesses based on

a knowledge of the different frequencies of energy that can be measured coming from the human body.”<sup>51</sup>

While BOS™ is not diagnostic in nature, it does deal with different energetic causes at the physical, subtle body level through the ‘Cause Menu©’ as found in Figure 5 :

‘Sensitivities, Pathogen(Virus, Bacteria), Heavy Metal Toxicity, Parasite, Structural, Your Blood (Auto immune), and Mould/Fungus.’ Sometimes the concern no longer tests for a physical-type cause.

“An awareness of our spiritual bodies, as well as of our chakras and meridians, gives us new ways of looking at human beings as well as new ways of approaching the concept of health and wellness from a multidimensional perspective. This larger view of humanity goes beyond the concepts of illness as something that stems from a broken part, a bad gene, or a chemical or germ exposure... Although physical factors do play an important role in health and illness, they are often mediated by other energetic and spiritual factors that modern medicine is only now beginning to appreciate...how these different spiritual and energetic factors play a role in the causation of illness and the creation of health.”<sup>52</sup>

On the main menu, ‘Emotional’ is also listed as a cause. In BOS™, emotional causes are balanced using the Paged Emotions© harmonizations from TBM.<sup>53</sup> The practitioner tests through various emotions that are listed on fifteen pages, touches the listed reflex body points, and does the correction as listed, i.e. rubbing the forehead of the patient. This balance seems to be extremely effective. However, when a deeper result is sought by the client/patient or participant or their higher self, it is at this point that the technique of BES™ tests on the cause menu.

#### BOS™, BES™, and Inner Counselor™

In Chinese Medicine<sup>54</sup>, there is always balance; yin energy balances yang energy; yang energy balances yin energy; maintaining a continual ebb and flow. This seems to be

true of Biocomputer Operating System™ and Biocomputer Emotional Spiritual™ technique. BOS™ is more masculine, animus, and yang while BES™ seems to be more feminine, anima, or yin. BOS™ is fast, usually taking about 5 minutes per session. BES™ is slower work and may take an hour. BOS™ uses a surrogate for muscle testing and BES™ uses the subject's own arm. While these methods differ, they complement one another.

BES™ emphasizes honouring and supporting the client. It addresses the emotional and connects it with the spiritual through the "Emotional Meridian-organ Chakra Connection (EMCC®)" balance found in figures A17-A27 in appendix E. Sometimes working at the physical level is precisely what is needed. Sometimes, it is necessary for the work to be done at a level other than the physical. In a moving account of what is behind BES™, Eden writes,

"I think of soul as the spark of Spirit that infuses the body with life and the brain with consciousness. When the soul leaves, the brain dims, the body dies. To work with a person's energy is to touch a soul as well as a body. Ironically, the deeper you enter into the life of your personal soul, the more fully you identify with your roots in the life of a universal, unifying intelligent Spirit. And the better your body will fare."<sup>55</sup>

This is the realm of BES™; the emotional and spiritual causes. The intention behind BES™ is to help to empower the client to a deeper understanding of the self and the journey of the individual's soul. This is done by integrating the technique of Nunley's Inner Counselor's Symbolic Visualization Process<sup>TM56</sup> with the BES™ technique of balancing emotions (Figures 28 and 29). In BOS™ and BES™, it is generally found that the first level, which tests as needing to be rebalanced, is within the physical subtle body and mental subtle body, i.e. balancing Laterality. This is generally followed by rebalancing of the causes of physical concerns. Physical concerns seem to be caused

by emotional disturbances that occurred in the person's lifetime at various ages.

Following the emotional disturbances are often issues of spirituality, which need to be rebalanced. Interestingly, this is the exact reverse to the movement of life energy in what Nunley describes as,

"The Whole Self and how the Symbolic Process works:

**Life Energy** is focused through the HIGHER SELF. Energy then moves through the whole self in the following sequence:

1. Energy moves through the MENTAL BODY where conscious, sub-conscious and ever-conscious perceptions, ideas, and "beliefs" are stored symbolically as "thought-forms."

Having generated or keyed into specific thought-forms—

2. Energy moves through the EMOTIONAL BODY, where it evokes the emotions associated with those thought-forms.

Conditioned by the corresponding emotions—

3. Energy moves through the SUBTLE ENERGY BODY, establishing the potential for the formation of physical conditions and actions.

Conditioned by its movement through the MENTAL BODY, EMOTIONAL BODY, and the SUBTLE ENERGY BODY—

4. Energy moves into the PHYSICAL BODY, creating physical and emotional conditions, attitudes, responses, and actions."<sup>57</sup>

Nunley too, sees the healing as a reversal of this progression in the Symbolic Process.<sup>58</sup> BES™ blends Inner Counselor by asking the body for the original age when the disturbance occurred, and muscle tests through the memories of the client or participant. The steps between the two techniques are compared in the Figure 3. An example of a simplified typical Body Harmonization<sup>©</sup> (BOS™/TBM™/BAT™/BES™/Inner Counselor™) session for depression or anxiety is found in Table 24 (refer to appendix J for actual case write-ups from research).

Table 24. Simplified Typical Body Harmonization<sup>©</sup> energy balancing session for depression or anxiety

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Main Menu (BOS<sup>TM</sup>): Neurotransmitters Disturbance:

Filters: Serotonin, Dopamine, GABA, Histamine (Muscle tests weak):

Cause1→Sensitivities (BOS<sup>TM</sup>)

Cause2→Page Erase (TBM<sup>TM</sup>)

Cause3→EMCC<sup>©</sup> (BES<sup>TM</sup>)/ Inner Counselor<sup>TM</sup> Process

Cause4→Vibrational (BAT<sup>TM</sup>/BES<sup>TM</sup>)

Retest Entry Points:

Retest: Neurotransmitters filters: Serotonin, Dopamine, GABA, Histamine:

(Muscle tests strong)

Detox (BAT<sup>TM</sup>) Detox (TBM<sup>TM</sup>/BOS<sup>TM</sup>)

Lock-in (BAT<sup>TM</sup>/BES<sup>TM</sup>)

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Table 25. Comparison between Inner Counselor<sup>TM59</sup> and BES<sup>TM</sup> technique

<b>Inner Counselor<sup>TM</sup> Symbolic Process<sup>®</sup></b>	<b>Biocomputer Emotional Spiritual<sup>TM</sup> technique With BES<sup>TM</sup> Version of IC<sup>TM</sup> (with permission)</b>
1. Begin in your place of peace.	1. Take a baseline of concerns (issues). Set a goal for the session.
2. Identify the issue or feelings.	2. Ask permission. Go to Place of Peace. Invite guide. Test Main Menu for Entry Points.
3. Is there a special guide?	3. Test for Causes. Balance all Causes with BOS <sup>TM</sup> . Till Emotional BEST <sup>TM</sup> Cause tests.
4. Experience the feelings.	4. Find Organ/Meridian and Emotion on EMCC Chart using muscle testing.
5. Let the feelings carry you.	5. Muscle test for ‘root/time event’ when this first occurred. Feel it in body.
6. Pull the feeling out. Allow the feelings to take a shape.	6. Pull out the energy as BEST <sup>TM</sup> breathing and tapping on hand. Muscle Test to see if it is indicated to visualize next step “Allow the feelings to take a shape.” Or to go directly to BES Balance.
7. What does the feeling symbol want for you?	7. What does the feeling symbol want for you?
8. Thank the feeling symbol. What is it you really need?	8. Thank the feeling symbol. What is it you really need?
9. Ask the feeling symbol if it is willing to change.	9. Ask the feeling symbol if it is willing to change.
10. Ask to be shown a new ideal symbol that can protect you and fulfill your true need.	10. Ask to be shown a new ideal symbol that can protect you and fulfill your true need.
11. Can and will the new ideal symbol help you?	11. Is the new ideal symbol powerful enough to be able to help you? Does it commit to helping you? Do you commit to it?
12. Bring the two symbols together. Ask the feeling symbol to allow itself to be completely absorbed within and transformed by the Healing Symbol.	12. Bring the two symbols together. Ask the feeling symbol to allow itself to be completely absorbed within and transformed by the Healing Symbol.
13. Experience the new ideal symbol completely absorbing the old feeling symbol.	13. Experience the new ideal symbol completely absorbing the old feeling symbol.
14. Ask for advice from the new ideal symbol.	14. Ask for advice from the new ideal symbol.
15. Give the ideal symbol a specific assignment.	15. Give the ideal symbol a specific assignment.
16. Take the ideal symbol to your place of peace.	16. Take the ideal symbol to your place of peace
17. Thank your Higher Self and guide.	17. Thank your Higher Self and guide.
18. Energy Exercise.	18. Offer symbol as a vibrational infusion to chakra which tests.

Richard Gerber writes an almost parallel simplified account of the evolution of BOS™ and BES™. BOS™/BES™ Body Harmonization® seeks to

“... explore in greater depth how these different spiritual and energetic factors play a role in the causation of illness and the creation of health ... to heal ourselves from the level of our physical bodies all the way up to the higher spiritual levels of our being.”<sup>60</sup>

Eden summarizes beautifully the intent of Body Harmonization®,

“When all your energies are brought into harmony, your body flourishes. And when your body flourishes, your soul has a soil in which it can blossom in the world.

*These are the ultimate reasons for Spiritual Healing  
—to prepare the soil and nurture the blossom.”<sup>61</sup>*

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<sup>1</sup> Body Harmonization was previously known as Energetic Anatomical Rebalancing® (EAR®) and Integrated Energetic Rebalancing (IER®)

<sup>2</sup> Note: Biocomputer Operating System™ (BOS™) was co-developed by Larry Steel [www.steelhealthcentre.com](http://www.steelhealthcentre.com) and his late father, chiropractor, Dr. Harvey Steel. It has its base in Chinese Medicine, Total Body Modification™ (TBM™) [www.tbmseminars.com](http://www.tbmseminars.com), developed by Dr. Victor Frank; and Applied Kinesiology™ (AK™) founded by George Goodheart; and Concept Therapy. BOS™ is especially effective in balancing the energy fields using anatomical body points and “filters” as entry points through extremely time efficient and effective methods. Biocomputer Emotional Spiritual™ (BES™) technique evolved from BOSTM with the author, who brought emotional and spiritual menu items. BES™ in addition to original concepts, incorporates techniques from Body Alignment Technique™ (BAT™) [www.bodyalign.com](http://www.bodyalign.com), developed by Jeff Levin; and Inner Counselor™ [www.innercounselor.com](http://www.innercounselor.com), by Ann Nunley.

<sup>3</sup> Biocomputer Emotional Spiritual™(BES™) developed by Karin Cremasco. Training information can be obtained at Holos University Graduate Seminary [www.hugs-edu.org](http://www.hugs-edu.org)

<sup>4</sup> Total Body Modification™ (TBM™) developed by Dr. Victor Frank. Further information as well as training information can be obtained from website: [www.tbmseminars.com](http://www.tbmseminars.com).

<sup>5</sup> Body Alignment Technique™(BAT™) was developed by Jeff Levin. Further information can be obtained from the book, *Body Alignment Technique: A Practical System for Transformation and Healing* by Jeff Levin, Orillia, Ontario: Natural Health Institute Press: 1994. Details about training can be obtained from the website at [www.bodyalign.com](http://www.bodyalign.com).

<sup>6</sup> G. H. Goodheart, “Applied kinesiology and dentistry,” *Basal Facts* 9 (1964): 69, quoted in Kristopher B. Peterson, in *Journal of Manipulative and Physiological Therapeutics* 19, (1996), 310.

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<sup>7</sup> Nunley, *Inner Counselor*, 260-263.

<sup>8</sup> International Society for the Study of Subtle Energies and Energy Medicine (ISSSEEM) *Annual Conference Agenda*: WS12 “Body Harmonization©: the magic within,” available from [www.issseem.org](http://www.issseem.org); Internet; accessed 10 February 2003.

<sup>9</sup> Ibid. Gerber, *A Practical Guide*, 22-23, 109.

<sup>10</sup> Note: Body Harmonization©, Energetic Anatomical Re-balancing, Biocomputer Operating System™, and Biocomputer Emotional Spiritual™ technique, Total Body Modification™, Body Alignment Technique™ and Inner Counselor™ do not diagnose or treat specific conditions. They are testing for energetic causes of imbalances. They are never a substitute for medical, psychological, chiropractic or other treatments, but instead are intended to work in harmony with them. Persons interested in pursuing energy rebalancing techniques are encouraged to consult with their doctor, therapist, or other health care professional prior to working with an energy rebalancing practitioner.

<sup>11</sup> According to the techniques which are found in the BOS™ Manuals by Larry Steel, *Biocomputer Operating System: the System of B.O.S.*, (Chatham, Ontario: by the author, 2000), and the late G.W. Harvey Steel, *BOS™: Your Biocomputer Operating System™: The Doctor's Technique Manual* (Chatham, Ontario: by the author, 1993), as well as Biocomputer Emotional Spiritual™ technique. All of which require personal training and are outside the scope of this dissertation.

<sup>12</sup> Raven Essences: Raven Essence Tester Kit: Andrea Matheson, 51 Belmont Crescent, Maple, Ontario, L6A 1L5, 905-832-8245, [www.ravenessences.com](http://www.ravenessences.com).

<sup>13</sup> Bach Flower Essences: Bach Canada: 705-749-1894; Guidebook: *Dictionary of the Bach Flower Remedies, Positive and Negative Aspects*, T.W. Hyne Jones, (Essex England: C.W. Daniel Company Ltd. 1993).

<sup>14</sup> Inspired by Jeff Levin, *Body Alignment Technique: A Practical System for Transformation and Healing*, (Orillia, Ontario: Natural Health Institute Press: 1994.)

<sup>15</sup> G. H. Goodheart, “Applied kinesiology and dentistry,” *Basal Facts* 9 (1964): 69, quoted in Kristopher B. Peterson, in *Journal of Manipulative and Physiological Therapeutics* 19, (1996), 310.

<sup>16</sup> Peterson, “A preliminary inquiry into manual muscle testing response in phobic and control subjects exposed to threatening stimuli,” *Journal of Manipulative and Physiological Therapeutics* 19 (1996), 310.

<sup>17</sup> Ibid, 310.

<sup>18</sup> S. Walker, “The triangle of health: once more with feeling,” *Digest of Chiropractic Economics* (May/June 1990): 18.

<sup>19</sup> Ibid.

<sup>20</sup> Collins English Dictionary, J. M. Sinclair, ed. (Glasgow: Harper Collins Publishers: 1995), 117.

<sup>21</sup> Barbara Brennan, *Hands of Light: A Guide to Healing Through the Human Energy Field*, New York: Bantam, 1988, 5.

<sup>22</sup> ISSSEEM, *Annual Conference*.

<sup>23</sup> ibid.

<sup>24</sup> William Collinge, *Subtle Energies*, (New York: Warner Books, 1998), as quoted by Donna Eden, *Energy Medicine, Balance your energies for optimum health, joy and vitality* (New York: Putnam Press, 1999), 20.

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<sup>25</sup> Daniel Reid, *The Complete Book of Chinese Health and Healing*. (Boston Mass: Shambala. 1994, 54.

<sup>26</sup> Gerber, *Practical Guide*, 4.

<sup>27</sup> Ibid., 16.

<sup>28</sup> Collins, *English Dictionary*, 710.

<sup>29</sup> Nunley, *Inner Counselor*, 260.

<sup>30</sup> Delores Kunz, *The Personal Aura*, Wheaton, Illinois: Theosophical Publishing House, 1991, 11.

<sup>31</sup> Gerber, *Practical Guide*, 36.

<sup>32</sup> Ibid., 263.

<sup>33</sup> Ted Kaptchuk, *The Web That Has No Weaver*, (Chicago: Contemporary, 2000,) 158.

<sup>34</sup> Eden, *Energy Medicine*, 96-97.

<sup>35</sup> Collins, *English Dictionary*, 268.

<sup>36</sup> Gerber, *Practical Guide*, 47.

<sup>37</sup> Caroline Myss, *Anatomy of the Spirit: The Seven Stages of Power and Healing* (New York: Three Rivers Press, 1996), 40.

<sup>38</sup> Ibid. 96-101.

<sup>39</sup> Reid, *Chinese Health*, 60.

<sup>40</sup> Oliver, M. V., Burkell, W.E., & Liskar, N., *Rapid Review Anatomy Reference Guide* (Skokie, Illinois: Anatomical Chart Company, 1996), 48.

<sup>41</sup> ibid. 48.

<sup>42</sup> Elmer Green, *The Ozawkie Book of the Dead : Alzheimer's isn't what you think it is*, (Los Angeles: The Philisophical Research Society, 2001), 12, 15.

<sup>43</sup> Levin, *Body Alignment Technique*, xi.

<sup>44</sup> (Jan 23, 2002 email)

<sup>45</sup> Victor Frank, *Total Body Modification, How TBM Works*, (Total Body Modification Seminars, 1996) accessed February 20, 2003; Website; available from <http://www.tbmseminars.com>.

<sup>46</sup> D.D. Palmer quoted in Frank, Dynamics of TBM™, Introduction, 9.

<sup>47</sup> Steel, G.W. Harvey, *BOS™: The Doctor's Technique Manual*.

<sup>48</sup> Omura et al. 176.

<sup>49</sup> Reid, *Chinese Health and Healing*, 61.

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<sup>50</sup> Larry Steel, Personal Interview/email.

<sup>51</sup> Gerber, *Practical Guide*, 6.

<sup>52</sup> Ibid. 36.

<sup>53</sup> Frank, *Dynamics of Total Body Modification™ Workbook, Module 3*, (Sandy, Utah: by the author, 1999), 41.

<sup>54</sup> Kaptchuk, *The Web That Has No Weaver: Understanding Chinese Medicine*, (Chicago: Contemporary Publishing Group, 2000), 215.

<sup>55</sup> Eden ibid .20 .

<sup>56</sup> Nunley, *Inner Counselor*, 251-257.

<sup>57</sup> Ibid., 263.

<sup>58</sup> Ibid.

<sup>59</sup> Ibid. 251.

<sup>60</sup> Gerber, *Practical Guide*, 36.

<sup>61</sup> Eden, *Energy Medicine*, 20.

**APPENDIX B:**  
**RECRUITING PACKAGE**

## B1. Letter to BOS™ Practitioners and BOS™/BES™ Students

### Karin Cremasco

Balance For Wellness Inc.

*"The body weeps the tears, the eyes refuse to shed."*

7469 Conservation Road, R R#5 Station Main,  
Guelph, Ontario, N1H 6J2,  
Phone: 519-823-1469, Email: kcremasco@earthlink.net  
11/11/2002

(Proverb: Victor Frank, T.B.M.)

Dear BOS/BES Student or Practitioner:

#### **Research Study to Measure Effectiveness of Energy Balancing (BOS/BES)**

Finally an opportunity to get some data on BOS! I am writing to request your assistance with providing participants for this research project.

**Will you help recruit participants from your patients or clients for this study? Please post the enclosed Poster in your office and supply those interested with the enclosed Information Letter? I need a total of 80 participants by the end of November 2002. Please HELP! If each practitioner refers 5-10 clients/patients over the next week, the goal can be achieved!** (Anyone over 18 years who has had his or her laterality done is eligible.)

**BOS is growing!** There have been many exciting developments in *Biocomputer Operating System*. Larry continues to teach many new students from all over the world who are becoming certified; create new techniques; operate his busy practice; as well as study for his doctorate at Holos University. Larry and I are honored to be on the faculty as Assistant Professors at the Holos University Graduate Seminary [www.HUGS-edu.org](http://www.HUGS-edu.org) through which we teach a credit course (with Bob Nunley, Ph.D., Dean of Faculty at Holos; and Dean, College of Energy Medicine at Greenwich University) which blends BOS and BES. We have also been asked to submit a proposal to present at the International Society for the Study of Subtle Energies and Energy Medicine (ISSSEEM) in Colorado. Both BOS and BES are recognized techniques by the Academy of Naturopaths and Naturotherapists.

Since 1999, I have been pursuing my doctoral studies at the College of Energy Medicine, Greenwich University: [www.university.edu.nf](http://www.university.edu.nf), where the focus of my coursework has been BOS. I teach the *Biocomputer Emotional Spiritual* (BES) technique I developed, which complements BOS through its in-depth balancing of the emotional and spiritual energy fields.

This research project is the final requirement for my graduation. After the study is complete, I will hold a meeting to discuss the results of the study with the participants and all of you who are referring practitioners.

I invite you to be a part of helping BOS to achieve its highest potential. Gratefully, there are practitioners like you who have studied with Larry or Harvey, who practice BOS. **Recruiting participants for this research is a way of gifting back to BOS!**

Thank you so much for your interest, assistance with this study, and most of all, for doing the work that you do!

Sincerely,

Karin Cremasco,  
Ph.D. Candidate

**B2. Poster for Recruiting Subjects**

Please Post

---

**'ENERGY BALANCING  
FOR WELL-BEING'  
RESEARCH PROJECT**

Karin Cremasco,  
**Ph.D. Candidate in Energy Medicine**  
**Certified BOS Practitioner**

---

**Would you like to participate in a study which  
looks at the Effectiveness of Energy Work?**

**Who?** This study is open to any adults who have experienced **Biocomputer Operating System (BOS)**. (Contact Karin if you have no experience with BOS but would like to participate.)

**What?** 1. Come to a ONE hour session in Guelph.  
2. At your home: Fill out two 15 minute questionnaires: one the evening before session; one evening following; and a third, one week later. 3. Repeat in Spring 2003.

**Where?** Guelph, Ontario

**When?** November and December 2002; Part 2 in 2003

**Cost?** None

**If you are interested, just ask for an *Information Letter* from your Practitioner or Call Karin at 519-823-1469.**

### **B3. Letter to Prospective Subjects**

## **'ENERGY BALANCING FOR WELL-BEING' RESEARCH PROJECT**

### Information Letter

**Karin Cremasco,**  
Ph.D. Candidate, Certified BOS Practitioner

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#### ***Dear Potential Participant:***

Thank you for your interest in participating in this study, which looks at energy work. The study is open to any adults, 18 years and over who have experienced Biocomputer Operating System and are not clients of Balance For Wellness Inc.

Eighty participants will be randomly chosen to be in either of two groups both of which are selected at random. One group will have an Energy Balancing Session now, followed by an Education Information Session in 2003. The other will begin with the Education Information Session now, with the Energy Balancing Session in 2003.

The sessions will be held at the office of Balance For Wellness Inc. in Guelph, Ontario. The first sessions will be completed by beginning of December 2002. The second session will be completed in the spring of 2003.

#### **No charge**

1. Just fill out a 15-minute questionnaire about your well-being the evening before and on the evening *after* the one-hour session.
2. At the same hour and location, complete and mail a copy of the same questionnaire one week later.

#### **Results of the Study**

There will be a follow-up information meeting for all participants and referring practitioners after the research is complete in 2003, to discuss the results of the study.

#### **Confidentiality**

Your confidentiality will be maintained. Each participant will be given a random number. Your personal session will not be discussed with the referring BOS or BES practitioner or anyone else.

**To participate: Call Karin Cremasco @ 519-823-1469.** Please *leave* a message if I am unavailable and I will get back to you just as soon as I possibly can. I am grateful for your assistance.

Sincerely,

Karin Cremasco  
Ph. D. Candidate, Energy Medicine  
Greenwich University

**Note:**

*Biocomputer Operating System (BOS) and Biocomputer Emotional Spiritual (BES) techniques do not diagnose or treat specific conditions. Energy balancing is never a substitute for medical, psychological, chiropractic, naturopathic or other treatments, but instead is intended to work in harmony with them. If there is an emergency, life threatening illness, or other physical or emotional condition. Always seek professional medical attention first.*

**APPENDIX C:**  
**PARTICIPANT PACKAGE**

## C1. Covering Letter for Period 1 Participant Package

**Karin Cremasco**

**PhD Candidate, Energy Medicine**

7469 Conservation Road, RR #5, Station Main  
Guelph, Ontario, Canada, N1H 6J2  
Telephone: 519-823-1469 Fax: 519-823-5141  
Email: karstev@msn.com

November 23, 2002

Dear Participant:

Thank you for your willingness to participate in this research project, which looks at the effectiveness of energy balancing.

I am looking forward to seeing you on \_\_\_\_\_ at \_\_\_\_\_.

Please find enclosed all of the information that you will need to participate in this research project.

As this is a research project, it is crucial that all instructions are followed *exactly* as given. This will ensure, as much as possible, that the data collected are valid and accurate.

In this Package, you will find the following:

- a) Two copies of Consent Form for Participants (sign/keep one copy);
- b) Two copies of Consent to Balancing Procedure (sign both/keep one copy);
- c) Participant Intake Form (can be filled out anytime prior to appointment);
- d) Instructions for Filling out the Questionnaire;
- e) Questionnaire; and
- f) Map with directions to Balance For Wellness Inc.

Please accept my sincerest gratitude to you for being willing to participate in this research project.

If you have any questions, please feel free to call or email me. I will do my best to answer all of your questions, within the parameters of the study.

Sincerely,

Karin Cremasco

PhD Candidate, Energy Medicine  
Greenwich University

P.S. If you are unable to keep your appointed time, please give 48 hours notice so that your time may be given to someone else.

**Note:**

Energetic Anatomical Re-balancing (*Biocomputer Operating System and Biocomputer Emotional Spiritual Technique.*) does not diagnose or treat specific conditions. It is never a substitute for medical, psychological, chiropractic or other treatments, but instead is intended to work in harmony with them. If there is an emergency, life threatening illness, or other physical or emotional condition, always see your doctor, chiropractor or therapist first.

## C2. Participant Intake Form

Whom may we thank for referring you? \_\_\_\_\_ Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ Res. Tel.: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Bus Tel.: (\_\_\_\_) \_\_\_\_\_

City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor/Address: \_\_\_\_\_ Dr. Tel.: (\_\_\_\_) \_\_\_\_\_

When did you last visit your doctor? \_\_\_\_\_ Are you in good health? Yes \_\_\_ No \_\_\_

If no, please explain: \_\_\_\_\_

Referring BOS practitioner: \_\_\_\_\_ Date of last visit (approx.) \_\_\_\_\_

What are you doing for your health? \_\_\_\_\_

Natural Health Modalities experienced: What? When? \_\_\_\_\_

Natural Health Modalities training: \_\_\_\_\_

1. Have you ever had surgery? Yes \_\_\_ No \_\_\_ What? When? \_\_\_\_\_

2. Have you ever had an accident or serious illness? Yes \_\_\_ No \_\_\_ What? When? \_\_\_\_\_

3. Are you taking any medications? Yes \_\_\_ No \_\_\_ What? Reason? \_\_\_\_\_

4. Do you have allergies/sensitivities, sinus conditions or skin conditions? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

5. Do you have any joint problems? (arthritis etc.) Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

6. Have you ever had problems in the following areas?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Immune & Lymphatic Systems | <input type="checkbox"/> Digestive System   | <input type="checkbox"/> Urinary System |
| <input type="checkbox"/> Cardiovascular System      | <input type="checkbox"/> Respiratory System | <input type="checkbox"/> Nervous System |
| <input type="checkbox"/> Musculo-Skeletal System    | <input type="checkbox"/> Endocrine System   | <input type="checkbox"/> Foot Problems  |
| <input type="checkbox"/> Reproductive System        | What? _____                                 |   |

7. Are you diabetic? Yes \_\_\_ No \_\_\_ 8. Do you sleep well? Yes \_\_\_ No \_\_\_

9. Are you under stress? Yes \_\_\_ No \_\_\_ 10. Do you have headaches? Yes \_\_\_ No \_\_\_

11. Do you have a heart condition? Yes \_\_\_ No \_\_\_ 12. Do you have Hypoglycemia? Yes \_\_\_ No \_\_\_

13. How is your Blood Pressure? Normal \_\_\_ Low \_\_\_ High \_\_\_ 14. Do you smoke? Yes \_\_\_ No \_\_\_

15. Female Only: Are you pregnant? Yes \_\_\_ No \_\_\_ 16. Have you been pregnant before? Yes \_\_\_ No \_\_\_

17. Do you have menstrual/menopausal problems? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

18. Male/Female: Current Problems: \_\_\_\_\_

16. Is there anything else about your health you would like to share? \_\_\_\_\_

17. What brings you here? \_\_\_\_\_

### C3. Period 1 Consent Form A

## Consent Form for Participants of 'Energy Balancing' Study

This research is being conducted as part of the Ph.D. research requirements in the College of Energy Medicine at Greenwich University ([www.greenwich.edu](http://www.greenwich.edu)).

Greenwich University supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether or not you wish to participate in the present study. You should be aware that, even if you agree to participate, you are free to withdraw at any time, without penalty of any kind.

We are in studying changes in levels of emotional stress and anxiety as a result of balancing the subtle energy fields of the body. In so doing, we integrate a variety of techniques of energy balancing as determined by the body, using '*muscle-testing*.' The specific technique is selected according to the answers given when the participant's arm resistance is challenged by the researcher's questioning. Those questions are based on a conceptual model that suggests we can access the body's inner wisdom using menus and muscle-testing. The main techniques in the balancing session being employed include *Biocomputer Operating System (BOS)*, and *Biocomputer Emotional Spiritual (BES) techniques*, both of which use light tapping on specific locations on or above the body to balance the body's energy field.

After a brief interview, participants will be asked to lie fully clothed on a massage table for 5 to 30minutes. Some participants will be receiving an Education Session at this session, and some will receive an Energy Balancing Session, to be chosen at random.

If you agree to participate in this study, you will partake in a session which involves coming to a one hour appointment at the office of *Balance For Wellness Inc.* in Guelph, Ontario, filling out three short questionnaires on the evening: 1) prior to the session; 2) After the session; 3) One week following the session. It is estimated that these will take no more than an average of 10 minutes each. You will be asked to bring the first completed questionnaire to the appointment; and to mail the other two completed questionnaires the following mornings, using the two stamped, pre-addressed envelopes which will be provided.

You will receive an invitation in 2003 to experience another complimentary session for the type of session which you did *not* receive, to complete the second part of this study in 2003. Everyone may have both types of sessions.

Some people have experienced a feeling of relaxation or lightness, or a slight increase in the presenting concern followed by relief following energy balancing. Participation may be of direct benefit to you.

It is believed that the information gathered in this study will be useful in evaluating the effects of energy balancing, as directed by the body, on general well-being.

We assure you that your name will not be associated in any way with the research findings. The information will be identified only by a code number. Any identifying information will be kept in a locked file cabinet, with the principal investigator being the sole person who has a key to access the research data, the only exception would be the result of a direct court order.

---

Signature of subject agreeing to participate

---

Date

PRINT YOUR NAME HERE: \_\_\_\_\_  
With my signature I affirm that I am at least 18 years of age, have read, and understand this consent form, and have received a copy of the same to keep.

If you would like additional information concerning this study before or after it is complete, please feel free to contact Karin Cremasco, by phone, mail, or email.

Sincerely,

Karin Cremasco, Ph.D. Candidate

**Principal Investigator:**

Karin Cremasco  
7469 Conservation Road  
R.R. #5, Station Main  
Guelph, Ontario, N1H 6J2  
Email: [karstev@msn.com](mailto:karstev@msn.com)  
Telephone: 519-823-1469

**Supervising Faculty:**

Robert E. Nunley, Ph.D.  
Dean of Energy Medicine  
Greenwich University  
Email: [BoBN4847@EarthLink.net](mailto:BoBN4847@EarthLink.net)  
Telephone: 785-863-2176

#### C4. Period 1 Consent Form B

Page 2 of 3

### CONSENT TO BALANCING PROCEDURE

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TAKE NOTICE THAT THIS IS A REQUEST FOR  
BALANCING PROCEDURE AND CONTAINS  
A LIMITATION OF LIABILITY EXEMPTION CLAUSE

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I, \_\_\_\_\_ (The Undersigned Participant request, and consent to receive, the Balancing Procedure (or Educational Session) from "Balance For Wellness Inc." or any person delegated by this company (collectively called the Practitioner) to supply or assist in supplying the Balancing Procedure to me.

I am aware, that the Balancing Procedure is not a medical treatment and is not a substitute for professional medical, naturopathic, chiropractic, psychiatric or psychological treatment.

I am also aware that the Balancing Procedure is a holistic practice that only seeks to balance the energy fields of the human body. Balancing means the optimum flow of energy, which creates harmonious functioning of the body.

I understand we are working with my perception what is real from an emotional point of view and this perception will be honoured as such. Emotional Reality may or may not correspond with actual or historical occurrences.

I agree to assume full responsibility for any medical condition, disclosed or undisclosed, any drug or alcohol use, or any serious mental or emotional problem that I may have.

**EXEMPTION OF LIABILITY CLAUSE:** It is hereby agreed between myself as the Participant and the Practitioner that in consideration of the Participant receiving the Balancing Procedure, the Practitioner shall not be held liable, in contract or in tort; for any personal injury of any nature whatsoever that arises from, or is the result of, or by any failure to continue supplying the Balancing Procedure.

I am over 18 years of age and I have read this notice and understand its contents.

Signed this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_\_\_ (year) at \_\_\_\_\_ Township,  
\_\_\_\_\_ County.

Signature: \_\_\_\_\_

Participant's name: \_\_\_\_\_ (Please print.)

## C5. Instructions for Self-administering STAI and SDS

Page 3 of 3

### Instructions for Completing Questionnaire

*It is very important to follow these instructions exactly as doing otherwise could affect the accuracy of the data collected.*

1. Please find enclosed one copy of a three-sided two page questionnaire.

**2. Fill out the questionnaire the same time at the same location.**

You will be asked to fill out questionnaires on three separate days:

- a) The **day/evening prior** to your appointment.
- b) **After your appointment at the same hour of the day** in the same location as the first questionnaire.
- c) **One week exactly following your appointment**, at the same hour of the day in the same location, as the first questionnaire.

**3. Choose a time when you will be undisturbed. Select a private location.**

Find a *very quiet time and a private location* in which you can spend about 15 minutes filling out the questionnaire, prior to your appointment. Choose a time/place which will work for *all three* days. (Such as 9:00 pm the evening before, the evening of and the evening one week later.)

Make sure that you *will be undisturbed* by things as phone calls, children's needs, visitors, animals, television, or radio as that could affect the results.

Make sure that the time which you have selected is not in any close proximity to a future event of emotional intensity. (If there should be such an event, please note the type and the time it occurred, in the appropriate section on your questionnaire but continue to complete the questionnaire.)

**4. Filling out the Questionnaire:**

You will notice that there are two pages to the Questionnaire.

- a) Page 1 (front): Please fill out indicating how you feel right **in the very moment** you are filling out the questionnaire.
- b) Page 1 (back): Please fill that out indicating how you **generally feel**.
- c) Page 2 (half page): Please simply answer as indicated.

**5. Bring the questionnaire** with the completed Participant Intake Form and signed consent form to your appointment.

6. You will receive the other two copies of the questionnaire following your appointment, with addressed stamped envelopes.

7. You will receive the voucher for the other complimentary session to be redeemed in 2003 when all three completed questionnaires have been received.

8. If you have any questions, please contact Karin at 519-823-1469.

Thank you so much for participating in this research.

## C6. State-Trait Anxiety Inventory (STAI)

STAI Questionnaire

(One sheet front and back)

© Copyright 1968,1977 by Charles D. Spielberger. All rights reserved.  
Published by Mind Garden, Inc., 1690 Woodside Rd, Suite 202, Redwood City, CA 94061

STAIP-AD Test Form Y    [www.mindgarden.com](http://www.mindgarden.com)

## C7. SDS Index

Name:		None OR a Little of the Time	Some of the Time	Good Part of the Time	Most OR All of the Time
Sex	Date				
Age					
1. I FEEL DOWN-HEARTED, BLUE AND SAD					
2. MORNING IS WHEN I FEEL THE BEST					
3. I HAVE CRYING SPELS OR FEEL LIKE IT					
4. I HAVE TROUBLE SLEEPING THROUGH THE NIGHT					
5. I EAT AS MUCH AS I USED TO					
6. I ENJOY LOOKING AT, TALKING TO AND BEING WITH ATTRACTIVE WOMEN/MEN					
7. I NOTICE THAT I AM LOSING WEIGHT					
8. I HAVE TROUBLE WITH CONSTIPATION					
9. MY HEART BEATS FASTER THAN USUAL					
10. I GET TIRED FOR NO REASON					
11. MY MIND IS AS CLEAR AS IT USED TO BE					
12. I FIND IT EASY TO DO THE THINGS I USED TO					
13. I AM RESTLESS AND CAN'T KEEP STILL					
14. I FEEL HOPEFUL ABOUT THE FUTURE					
15. I AM MORE IRRITABLE THAN USUAL					
16. I FIND IT EASY TO MAKE DECISIONS					
17. I FEEL THAT I AM USEFUL AND NEEDED					
18. MY LIFE IS PRETTY FULL					
19. I FEEL THAT OTHERS WOULD BE BETTER OFF IF I WERE DEAD					
20. I STILL ENJOY THE THINGS I USED TO DO					

### **Completion of Questionnaire:**

Name: \_\_\_\_\_

This questionnaire was completed at \_\_\_\_\_ (location) \_\_\_\_\_ (time) on  
\_\_\_\_\_ (date).

I would describe my life in the past 24 hours prior to filling out this questionnaire as:

! ! ! ! ! ! ! ! ! ! !

No Stress

High Stress

Briefly describe in a sentence or two why you indicated as you did:

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## **C8. Map of Location of Research Site**

Map with Travel Directions  
to  
Balance For Wellness Inc.  
Clinic,  
Ontario, Canada

**APPENDIX D:**  
**INTERVENTION A SUMMARY SHEET**

## D1. Intervention A and B Summary Sheet

Name \_\_\_\_\_ Date \_\_\_\_\_

**What concerns do you have right now? How are you feeling in this moment in time?**

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**What is your GOAL for this session? How do you want to be when you leave?**

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**OFFICE USE ONLY:**

Notes:

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**Follow-up: "How are you feeling now compared to when you came in?"**

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**APPENDIX E:**  
**PERIOD 2 RE-RECRUITING LETTER**

## **E1. Recruiting Letter to Subjects for Period 2**

### **'ENERGY BALANCING FOR WELL-BEING' RESEARCH PROJECT**

Follow-up Spring 2003 Information Letter

**Karin Cremasco, Ph.D., Certified BOS Practitioner**

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#### **Dear Participant:**

**Thank you so much for participating in this study last fall.** Thanks to your participation, we got some very interesting data which I look forward to sharing with you at the open house.

*We are now ready to begin the second part of this research! I am looking forward to seeing each and every one of you for your follow-up session.* Those of you who had an Energy Balancing Session last fall will now have the Education Information Session where you will learn about what we did during the balance. Those of you, who had the Education Information Session in the fall, will now receive the Energy Balancing Session. Everyone has the opportunity to have both the learning experience and the energy balancing experience.

At your follow-up session, you will be receiving an: A) Energy Balance B) Education Session

#### **No Change: No charge**

1. Just fill out a 15-minute questionnaire about your well-being the evening before and on the evening *after* the one-hour session.
2. At the same hour and location, complete and mail a copy of the same questionnaire one week later.

#### **Results of the Study**

The open house is planned *for next fall or spring* to discuss the results of the entire study. I will mail invitations. Following the completion of your second session and the questionnaires, I would be pleased to send you an electronic copy of my 266 page dissertation at your request.

#### **Confidentiality**

Your confidentiality will still be maintained. Each participant will keep the random number. Your personal session will not be discussed with the referring BOS or BES practitioner or anyone else.

**To schedule your appointment: Call Karin Cremasco @ 519-823-1469.** Please leave a message if I am unavailable, and I will get back to you just as soon as I possibly can. I am so grateful for your assistance! The sessions will begin in June and will still be held at the office of Balance For Wellness Inc. in Guelph. I am looking forward to speaking with you to schedule your appointment.

Sincerely,

Karin Cremasco, Ph. D. (Energy Medicine) Greenwich University  
Th.D. Candidate, Holos University Graduate Seminary

#### **Note:**

*Biocomputer Operating System (BOS) and Biocomputer Emotional Spiritual (BES) techniques* do not diagnose or treat specific conditions. Energy balancing is never a substitute for medical, psychological, chiropractic, naturopathic or other treatments, but instead is intended to work in harmony with them. If there is an emergency, life threatening illness, or other physical or emotional condition, always seek professional medical attention first.

**APPENDIX F:**  
**PERIOD 2 SUBJECT PACKAGE**

## F1. Covering Letter for Period 2 Participant Package

**Karin Cremasco**

**PhD, Energy Medicine**

7469 Conservation Road, RR #5, Station Main  
Guelph, Ontario, Canada, N1H 6J2  
Telephone: 519-823-1469 Fax: 519-823-5141  
Email: kcremasco@earthlink.net

May 10, 2003

Dear Participant:

Thank you so much for your willingness to participate in second and final part of this research project, which looks at the effectiveness of energy balancing.

I am looking forward to seeing you on \_\_\_\_\_ at \_\_\_\_\_.

Once again, please find enclosed all of the information that you will need to participate in this research project.

As this is a research project, it is crucial that all instructions are followed *exactly* as given. This will ensure, as much as possible, that the data collected is valid and accurate.

In this Package, you will find the following:

- a) Two copies of Consent to Balancing Procedure (sign both/keep one copy);
- b) Instructions for Filling out the Questionnaire;
- c) Questionnaire; and
- d) Map with directions to Balance For Wellness Inc.

Please accept my sincerest gratitude to you for being willing to participate in this final and important part of this research project. I will be using this part of the research to write another dissertation for a doctorate in Theology in Spiritual Healing.

If you have any questions, please feel free to call or email me. I will do my best to answer all of your questions, within the parameters of the study.

Sincerely,

Karin Cremasco, Ph.D.,  
Energy Medicine, Greenwich University  
Th.D. Candidate, Holos University Graduate Seminary

P.S. If you are unable to keep your appointed time, please give 48 hours notice so that your time may be given to someone else.

**Note:**

Body Harmonization (*Biocomputer Operating System and Biocomputer Emotional Spiritual Technique.*) does not diagnose or treat specific conditions. It is never a substitute for medical, psychological, chiropractic or other treatments, but instead is intended to work in harmony with them. If there is an emergency, life threatening illness, or other physical or emotional condition, always see your doctor, chiropractor or therapist first.

## F2. Period 2 Consent Form C

### Consent Form for Participants of ‘Energy Balancing’ Study

This research is being conducted as part of the Doctorate of Theology in Spiritual Healing research requirements in the Holos University Graduate Seminary ([www.hugs-edu.org](http://www.hugs-edu.org)).

Holos University supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether or not you wish to participate in the present study. You should be aware that, even if you agree to participate, you are free to withdraw at any time, without penalty of any kind.

We are in studying changes in levels of emotional stress and anxiety as a result of balancing the subtle energy fields of the body. In so doing, we integrate a variety of techniques of energy balancing as determined by the body, using ‘*muscle-testing*.’ The specific technique is selected according to the answers given when the participant’s arm resistance is challenged by the researcher’s questioning. Those questions are based on a conceptual model that suggests we can access the body’s inner wisdom using menus and muscle-testing. The main techniques in the balancing session being employed include *Biocomputer Operating System (BOS)*, and *Biocomputer Emotional Spiritual (BES) techniques*, both of which use light tapping on specific locations on or above the body to balance the body’s energy field.

After a brief interview, participants will be asked to lie fully clothed on a massage table for 5 to 30 minutes. As this is a follow-up cross-over research project to one held in November 2002, the type of session will be determined by what the participant received at that time. Some participants will be receiving an Education Session at this session, if they received an Energy Balancing Session; and some will receive an Energy Balancing Session if they received an Education Session last time. Everyone may have both types of sessions. This session is also complimentary.

If you agree to participate in this study, you will partake in a session which involves coming to a one hour appointment at the office of *Balance For Wellness Inc.* in Guelph, Ontario, filling out three short questionnaires on the evening: 1) prior to the session; 2) After the session; 3) One week following the session. It is estimated that these will take no more than an average of 10 minutes each. You will be asked to bring the first completed questionnaire to the appointment; and to mail the other two completed questionnaires the following mornings, using the two stamped, pre-addressed envelopes which will be provided.

Some people have experienced a feeling of relaxation or lightness, or a slight increase in the presenting concern followed by relief following energy balancing. Participation may be of direct benefit to you.

It is believed that the information gathered in this study will be useful in evaluating the effects of energy balancing, as directed by the body, on general well-being.

We assure you that your name will not be associated in any way with the research findings. The information will be identified only by a code number. Any identifying information will be kept in a locked file cabinet, with the principal investigator being the sole person who has a key to access the research data, the only exception would be the result of a direct court order.

---

Signature of subject agreeing to participate

---

Date

PRINT YOUR NAME HERE: \_\_\_\_\_

With my signature I affirm that I am at least 18 years of age, have read, and understand this consent form, and have received a copy of the same to keep.

If you would like additional information concerning this study before or after it is complete, please feel free to contact Karin Cremasco, by phone, mail, or email.

Sincerely,

Karin Cremasco, Ph.D.

Th.D. Candidate, Holos University Graduate Seminary

**Principal Investigator:**

Karin Cremasco, Ph.D.  
7469 Conservation Road  
R.R. #5, Station Main  
Guelph, Ontario, N1H 6J2  
Email: [kcremasco@earthlink.net](mailto:kcremasco@earthlink.net)  
Telephone: 519-823-1469

**Supervising Faculty:**

Robert E. Nunley, Ph.D.  
Dean of Faculty and Academic Affairs  
Holos University Graduate Seminary  
Email: [BoBN4847@EarthLink.net](mailto:BoBN4847@EarthLink.net)  
Telephone: 785-863-2176

### **F3. Instructions for Self-administering STAI and SDS**

#### **Instructions for Completing Questionnaire**

*It is very important to follow these instructions exactly as doing otherwise could affect the accuracy of the data collected.*

1. Please find enclosed one copy of a three-sided two page questionnaire.

- 2. Fill out the questionnaire the same time at the same location.**

You will be asked to fill out questionnaires on three separate days:

- a) The **day/evening prior** to your appointment.
- b) **After your appointment at the same hour of the day** in the same location as the first questionnaire.
- c) **One week exactly following your appointment**, at the same hour of the day in the same location, as the first questionnaire.

- 3. Choose a time when you will be undisturbed. Select a private location.**

Find a *very quiet time and a private location* in which you can spend about 15 minutes filling out the questionnaire, prior to your appointment. Choose a time/place which will work for *all three* days. (Such as 9:00 pm the evening before, the evening of and the evening one week later.)

Make sure that you *will be undisturbed* by things as phone calls, children's needs, visitors, animals, television, or radio as that could affect the results.

Make sure that the time which you have selected is not in any close proximity to a future event of emotional intensity. (If there should be such an event, please note the type and the time it occurred, in the appropriate section on your questionnaire but continue to complete the questionnaire.)

- 4. Filling out the Questionnaire:**

You will notice that there are two pages to the Questionnaire.

- a) Page 1 (front): Please fill out indicating how you feel right **in the very moment** you are filling out the questionnaire.
- b) Page 1 (back): Please fill that out indicating how you **generally feel**.
- c) Page 2 (half page): Please simply answer as indicated.

- 5. Bring the questionnaire** with the completed Participant Intake Form and signed consent form to your appointment.

6. You will receive the other two copies of the questionnaire following your appointment, with addressed stamped envelopes.

7. You will receive the voucher for the other complimentary session to be redeemed in 2003 when all three completed questionnaires have been received.

8. If you have any questions, please contact Karin at 519-823-1469.

Thank you so much for participating in this research.

**F4. State-Trait Anxiety Inventory (STAI)**

STAI Questionnaire

(One sheet front and back)

@ Copyright 1968,1977 by Charles D. Spielberger. All rights reserved.  
Published by Mind Garden, Inc., 1690 Woodside Rd, Suite 202, Redwood City, CA 94061

STAIP-AD Test Form Y    [www.mindgarden.com](http://www.mindgarden.com)

**F5. SDS INDEX** Name: \_\_\_\_\_

Age	Sex	Date	None OR a Little of the Time	Some of the Time	Good Part of the Time	Most OR All of the Time
1. I FEEL DOWN-HEARTED, BLUE AND SAD						
2. MORNING IS WHEN I FEEL THE BEST						
3. I HAVE CRYING SPELLS OR FEEL LIKE IT						
4. I HAVE TROUBLE SLEEPING THROUGH THE NIGHT						
5. I EAT AS MUCH AS I USED TO						
6. I ENJOY LOOKING AT, TALKING TO AND BEING WITH ATTRACTIVE WOMEN/MEN			-			
7. I NOTICE THAT I AM LOSING WEIGHT						
8. I HAVE TROUBLE WITH CONSTIPATION						
9. MY HEART BEATS FASTER THAN USUAL						
10. I GET TIRED FOR NO REASON						
11. MY MIND IS AS CLEAR AS IT USED TO BE						
12. I FIND IT EASY TO DO THE THINGS I USED TO						
13. I AM RESTLESS AND CAN'T KEEP STILL						
14. I FEEL HOPEFUL ABOUT THE FUTURE						
-15. I AM MORE IRRITABLE THAN USUAL						
16. I FIND IT EASY TO MAKE DECISIONS						
17. I FEEL THAT I AM USEFUL AND NEEDED						
18. MY LIFE IS PRETTY FULL						
19. I FEEL THAT OTHERS WOULD BE BETTER OFF IF I WERE DEAD						
20. I STILL ENJOY THE THINGS I USED TO DO			-	-	-	-

Name: \_\_\_\_\_

**Changes:**

I have noticed the following changes after the session:

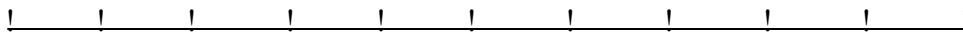
(Check one) None  Physical  Emotional  Mental  Spiritual

**Describe:** \_\_\_\_\_

**Completion of Questionnaire:**

This questionnaire was completed at \_\_\_\_\_ (location) \_\_\_\_\_ (time) on  
\_\_\_\_\_ (date).

I would describe my life in the past week prior to filling out this questionnaire as:

No Stress  High Stress

Briefly describe in a sentence or two why you indicated as you did:

\_\_\_\_\_

**APPENDIX G:**  
**EDUCATION SESSION PROCEDURES**

## G1. Dowsing Rods

Instructions for Assembling Dowsing Rods:

### Materials

one metal wire coat hanger      one core of a roll of facsimile paper

wire cutters

### Directions

1. Cut two 16-inch pieces of wire from the coat hanger.
2. Bend a wire from a metal coat hanger  $90^\circ$  four inches from one end.
3. Cut the core from the facsimile roll in two 3-inch pieces.
3. Insert one four-inch end of the bent coat hanger into fax roll to make a handle.
4. Hold handle so that 12-inch wire swings freely.
5. Use dowsing rods to indicate energy fields by walking slowly towards a living being with the intention of measuring the emotional energy field, maintaining neutral thoughts.

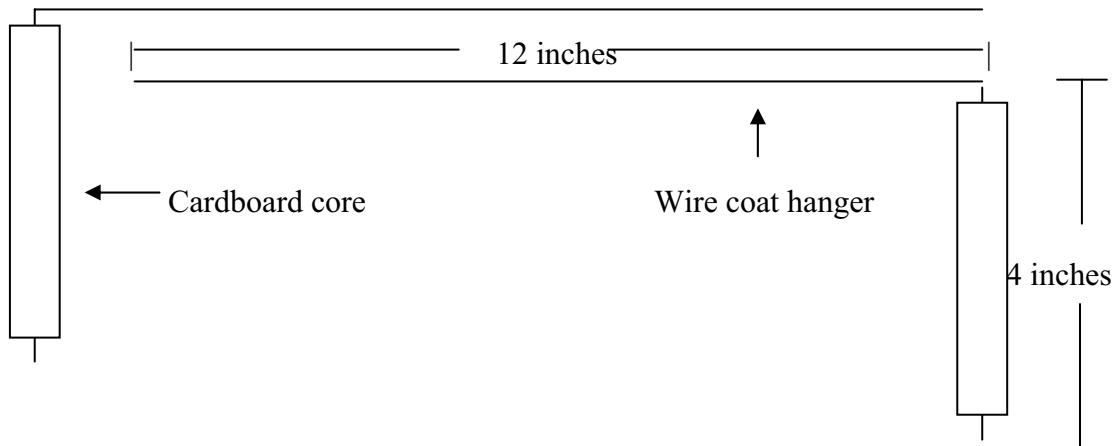


Figure 6. Dowsing Rods

## **G2. Script and Diagrams from Education Session**

The following is a transcription of an audio tape of the Education Session that was offered to the control group to each individual participant at his or her session. The principal investigator is presenting the information to one of the subjects in the control. The session was 45 minutes in length. It was offered in the same room that the intervention was offered.

The diagrams which were shown to each subject are included in this appendix. They are copies of overheads from the Body Harmonization<sup>©</sup> Seminar taught through Holos University Graduate Seminary by the principle investigator and Larry Steel. They are placed according to the position they were shown to the subject in the Education Session for this research.

# **Energetic Anatomical Rebalancing:**

***Biocomputer Operating System™ (BOS™)***

**And**

***Biocomputer Emotional Spiritual™ (BES™)  
Technique***

**Seminar**

Figure 7. Title Page of Education Session.

Script for Body Harmonization<sup>©</sup> BOS<sup>TM</sup>/BES<sup>TM</sup> Education Session

Dec. 6, 2002, 9:10 a.m. - 9:55 a.m.  
(As presented by principal investigator)

"We are working with the energy anatomy. We are working with three different systems. The subtle body energy system which is our physical, emotional, mental, and spiritual. We are also working with the chakra system and the meridian system. What we are looking to do is to re balance all of those systems. In addition, we are looking to rebalance the physiology energetically as well. Each of the different organs that we have also has energy and we are offering balance to that, restoring the body as it were.

The two techniques that we use are the Biocomputer Operating System, called BOS and the Biocomputer Emotional Spiritual Technique called BES. Biocomputer Operating System was developed by Harvey and Larry Steel in Chatham, Ontario and this is my original work for my dissertation as a result of having studied this. If the whole decision tree is BOS, this one branch in the blue is BES and BES uses all of the rest. It just focuses on this part.

There are a few basic premises. One is the chiropractic premise from Dr. Palmer, "The power that made the body heals the body, whatever that power may be."

*The Power that made the  
body  
is  
the Power that heals the  
body.*

*B.J. Palmer, D.C.*

Figure 8. [The Power That Made the Body](#)

# History Of Biocomputer Operating System™ & Biocomputer Emotional Spiritual™ technique

Figure 9. History of BOS and BES™

Biocomputer Operating System™ was developed by Harvey Steel in the 1980's and also Larry Steel. Harvey's son, Larry continues to practice. Harvey passed on in 1997. Harvey studied Total Body Modification™, Applied Kinesiology™, Auricular therapy™, Concept therapy™, Chinese Medicine and three different types of Acupuncture. He compiled all of these along with divine inspiration to come up with this particular modality. What we are looking at here is treating the body as if it were a computer. It is just a model we are not actually using a computer. What we are doing is clearing interferences that are there that are preventing the body from being well and doing what it knows how to do naturally.

The Biocomputer Emotional Spiritual™ technique looks more at the emotional and spiritual and BOST™ looks more at the physical. BOST™ is the yang. BEST™ is the yin. BOST™ is the masculine. BEST™ is the feminine. Both are important pieces of the puzzle.

# **Energy as a Concept**

## **Energy does exist**

*All of life is energy. This energy may be called: Life Force, Chi, Qi, Prana, Spirit, God, Divine Love etc.*

- **Quantum Physics:** Vibrational Medicine
- **Kirlian Photography, GDV Machine**
- **Organizing Field** i.e. in reptiles
- **Chinese Medicine:** Meridian System/Acupuncture

## **Energy's Existence can be demonstrated.**

- Dowsing rods
- Muscle Testing

## **Body has several different Energy Fields**

**Guiding Principal:** *We are multidimensional with physical, emotional, mental and spiritual energy fields, each vibrating at a different frequency.*

Figure 10. [Energy as a Concept](#)

Generally speaking: (pointing to diagram) Energy as a concept. We know energy does exist. We can distill any molecule down to its basic unit we come up with energy and scientists find smaller and smaller units. We know these theories are proven through things like quantum physics in this book by Richard Gerber M.D., A Practical Guide to Vibrational Medicine. We have an organization called the International Society of Subtle Energies and Energy Medicine. This is the peer review journal that we use in energy medicine and likely where this research will wind up being published at some point. The organization has 1600 members and 77% are Ph.D., medical doctors, psychiatrists, professionals and the next 22% are masters. It is really high academia, which again... we want to bring it out into the wider range and be more accepted. We need the science. It is important.

One of the ways we can demonstrate the existence of the energy fields is using Kirlian photography. There is a new machine called the ‘gas discharge visualization machine’ which is just coming out of Russia and is just hitting North American soil, which is measuring mathematically the energy fields of the body, so it’s even more accurate than the Kirlian.

#### Kirlian Polaroid Photograph

If we use the model of water..., the state of water... is similar to the body having states of subtle energies. The physical vibrates much more slowly and when we have the water molecules vibrating slowly, we have an ice cube. It has form. We can touch it. Increase the vibration of the water and you increase the states of the water becoming liquid steam and water vapor. The physical field we can see and touch. The emotional field like the liquid water we can feel but it has no form. If you go into a room where there is a lot of anger, you can feel the anger in the room. Further, out, we have the mental field, which is where our thoughts are, and we think about our thoughts. If our mind is not functioning properly, we talk about being cloudy, foggy just like steam. Further out is the spiritual field and like water vapor, unless you have an instrument to measure it you cannot see it or detect that it’s there. These fields circle our whole body.

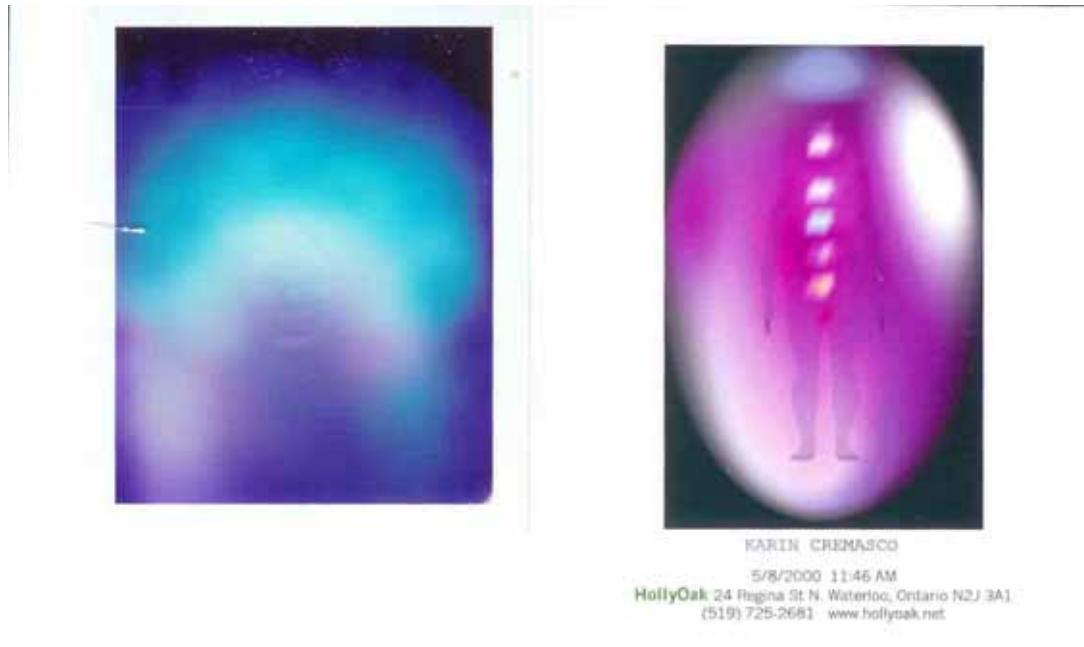


Figure 11. Kirlian Polaroid of 'Aura'    Figure 12. Computer 'Image' of Chakras<sup>1</sup>

Another energy system is the chakra system. The chakras are energy vortices or gateways to the body. They spin. They tend to be like a tornado on front and back. Each chakra represents different issues for the body.

The root chakra is connected to the inner body being grounded, simply being alive.

The sacral chakra has to do with issues of creativity, of abortion, of sexuality, of finances, of career, our power, our connection to our family our biological family.

The solar plexus chakra deals with issues of our self, self-esteem, self-acceptance, who we are and issues of gut fear and gut intuition.

The heart chakra has to do with issues of love, loving others, receiving love, and loving ourselves. The throat chakra has to do with our will, our truth, speaking our truth, not saying what we wished we had said; saying what we wish we hadn't said. So if you get a sore throat, look at what was it that had to do with one of those issues with communication.

The brow chakra has to do with our mental body, the ability to think, also the third eye and our connection with our intuition and inner wisdom.

The crown chakra has to do with our connection to our higher power, to universal energy.

There is an eighth chakra, which is right at the bottom of our feet, which is our connection to the earth.

We need to have the energy go from the universe to the earth. So we need to have that energy so that these are lined up. If they are out of balance than that doesn't happen. We tend to be either ungrounded or too grounded, too stuck. If we are up here, we tend to be flakey, with magical thinking, not really being real. Down here, it's like there is nothing else except this. We are stuck in that, and we don't see the bigger picture.

The third energy system is the meridian system; this is based on Chinese Medicine, which is 5,000 years old. The system of the meridians is a cyclic, 24-hour cycle; there is a certain time of day where each of these will be active. If you wake up at 3:00 a.m. in the morning, look and see what meridian it is and that gives you a clue as to what is going on; what is causing it. Meridians are energy channels. They run on both sides of our body. The yang energy goes through and down and the yin energy goes up. It is a gentle flow of the energy going through us, the energy of the universe, the chi. If there is a blockage in one of the meridians, then that will affect that particular organ. If there is a blockage in the lung meridian, blockages are created by past emotional trauma. Grief is often associated with lung; fear with kidney; being stuck with large intestine; being lost with small intestine; self esteem with spleen.

Lung, if there is some grief going on there, then often the person will have some sort of asthma, cough, chest cold or pulmonary fibrosis. So we look at grief as being one of the causes of that. Meridians can be unblocked using Chinese acupuncture it can also be unblocked using energy work such as this.

We can also demonstrate the existence of energy fields using dowsing rods. We are going to demonstrate the outer edge of your emotional fields, okay so just be neutral, let me know when you are neutral. ... .... .... So it's about a foot out. So now, think of a sad thought. .... .... Not much difference, but it is in a bit. About 6". Okay your field collapses, the vibration drops and the vibration of your whole body drops and that is when we get sick.

If you think about a lawn with lots of cloud and rain, you get lots of mushrooms popping up. You clear the clouds and the sun shines and there's a lot more energy flowing and the mushrooms disappear. When the field is clear, the body gets the energy it needs and the viruses don't pop up. At least that is what I see.

So let's do happy. Okay, so let's do neutral again. Happy... you could see a difference. Okay. If I asked you to go to your place of peace then it would be even further out.

If I did this demonstration in front of my class, then I would ask you to face the other direction. To the class I would indicate one finger meaning a sad thought, two fingers meaning a happy thought and without you knowing what they were thinking, your field would collapse if they thought a sad thought, even though you were neutral. If they think a happy thought, it affects your field and your field it gets bigger. If you go to your place of peace nothing will happen to your field, it will stay the same. So when we start to work here I ask you to go to your place of peace and I go to mine.

We can demonstrate muscle testing as well and the existence of the energy field through that, we can also demonstrate the connection to inner wisdom and higher self and body wisdom. Lay down on the table. Just put your arm up straight. Drop your wrist. Shoulders dropped. Elbow is locked. Hold strong. Show me yes. That's your yes. That's a strong muscle. Show me no. When I say no it drops. Show me yes. Show me no. Do you feel the difference? So it's going faster than you can think right? And that's the demonstration. We are talking to your body without your mind.

That is really tiring on your arm and mine, so we don't do it like that, we just go across you body, show me yes, show me no.

What we do in BOS is, we have a lot of different filters and we use energy filters, we test people's hormones, we have filters that have all kind of hormones, insulin, progesterone, estrogen, thyroxin etc . . . We just take the filters put them beside you on the table upside down so I can't see what they are and we just test through. We test them one at a time, I just test your arm to see if it's in balance. If it's in balance your arm will test strong. If it's not in balance it will go weak.

We got into BOS because my son had severe environmental hypersensitivities and he had allergies and we were seeing a specialist in environmental medicine called Doris Rapp M.D. in Buffalo, New York. Her treatment as very invasive, but helped our son to be well. It consisted of, daily oxygen, daily injections of allergy extract, rotation diet and elimination diet. I had to make my own mayonnaise, baking powder, commercial ones

have corn in them, make my own bread, he had to wear a charcoal mask to the movies, to the airport, because of the perfume and diesel fumes and he had to have a special classroom at school.

I sat on the special education advisory committee for the Wellington County Board of Education. I also did a number of television programs with her to tell people that if their child was out of control, behaviour wise; it might be what they are eating or touching or smelling, that was affecting their brain. It is like a brain allergy or a brain sneeze, not because they are bad kids or that they are bad parents. His story is written up in Dr. Rapp's book 'Is This Your Child's World'. We did Phil Donahue, City Line, Eye Witness News, Jerry Springer (before he sold his soul), we did all of that because it really made a difference, it was an important 'aha' for us.

We heard about the Steel Health Centre from the Waterloo Board of Education Administration so we thought that was a pretty credible source. My husband is a dentist. We were pretty traditional at that point. They said their teachers and students who were like this were getting better, so we thought we've got nothing to lose. The worst that could happen is nothing.

We went down to the centre and after one day's treatment. We stopped the oxygen and the injections. After four trips down, three weeks later, the allergy symptoms were gone. My asthma was gone and after four months the A.D.D. Behavioural symptoms were gone. The depression and hyperactivity were gone. The net result was that he became totally well and completely normal and now he's in piano performance at Laurier, second year University, 10 years later. So it's good to tell the world about it. Dr. Rapp stopped practicing. She said this is ridiculous. She asked herself, "Why am I doing this to these kids. So she went into doing some research, building a centre and proving this stuff works.

# **How to Communicate With the Body**

## **Guiding Principles:**

1. *The body has an inner wisdom, also known as higher self, body wisdom, wise self, innate intelligence, soul/spirit, biocomputer, etc.*
  
2. *The body has an inborn resistance to disease, and an innate ability to heal itself, and a desire to return to its balanced state.*
  
3. *The body heals by priority as dictated by the inner wisdom/biocomputer.*
  
4. *Muscle-testing is an effective tool for accessing the body's inner wisdom/biocomputer.*
  
5. *Using muscle-testing, blockages in the energy fields can be discovered and accessed.*

Figure 13. [How to Communicate with the Body](#)

“There are a few guiding principals:

The body itself has an inner wisdom and a higher self and we connect with that.

The body has an inborn resistance to disease and an innate ability to heal itself and a desire to return to a balanced state, if we get cut it heals.

The body heals by priority as dictated by the body’s inner wisdom. We have to do what we are told to do. That’s why you sit in that chair behind the desk. You as client in this office are the authority, I’m not.

Muscle testing is an effective tool for accessing the body’s inner wisdom and Biocomputer. Using muscle testing, we can find out where these blockages are. We can access them and clear them.”

## **Difference Between Curing and Healing**

(Source: In Touch..... The Therapeutic Touch Networks of Canada)

### Curing

- Eliminates the signs and symptoms of disease and may occur without healing
- May or may not be possible
- Follows a predictable path
- Death is a failure to cure
- Is empirical; uses the five senses and their extension through technology

### Healing

- May occur with or without curing
- Is always possible
- Is always creative and unpredictable in process and outcome
- Death is an opportunity for more healing and to find the true self
- Uses many ways of knowing, including intuition.

## **6. Honour The Client's Belief System**

## **7. “*The Power That Made the Body is the Power Heals the Body*”**

B.J. Palmer, D.C.

Figure 14. [Difference Between Curing and Healing](#)

There are a few different premises, the difference between curing and healing. Curing is the medical, simply put the blind man sees.

Healing, the blind man doesn't see, but understands his blindness and comes to accept and uses it to improve his state of affairs, helping humankind.

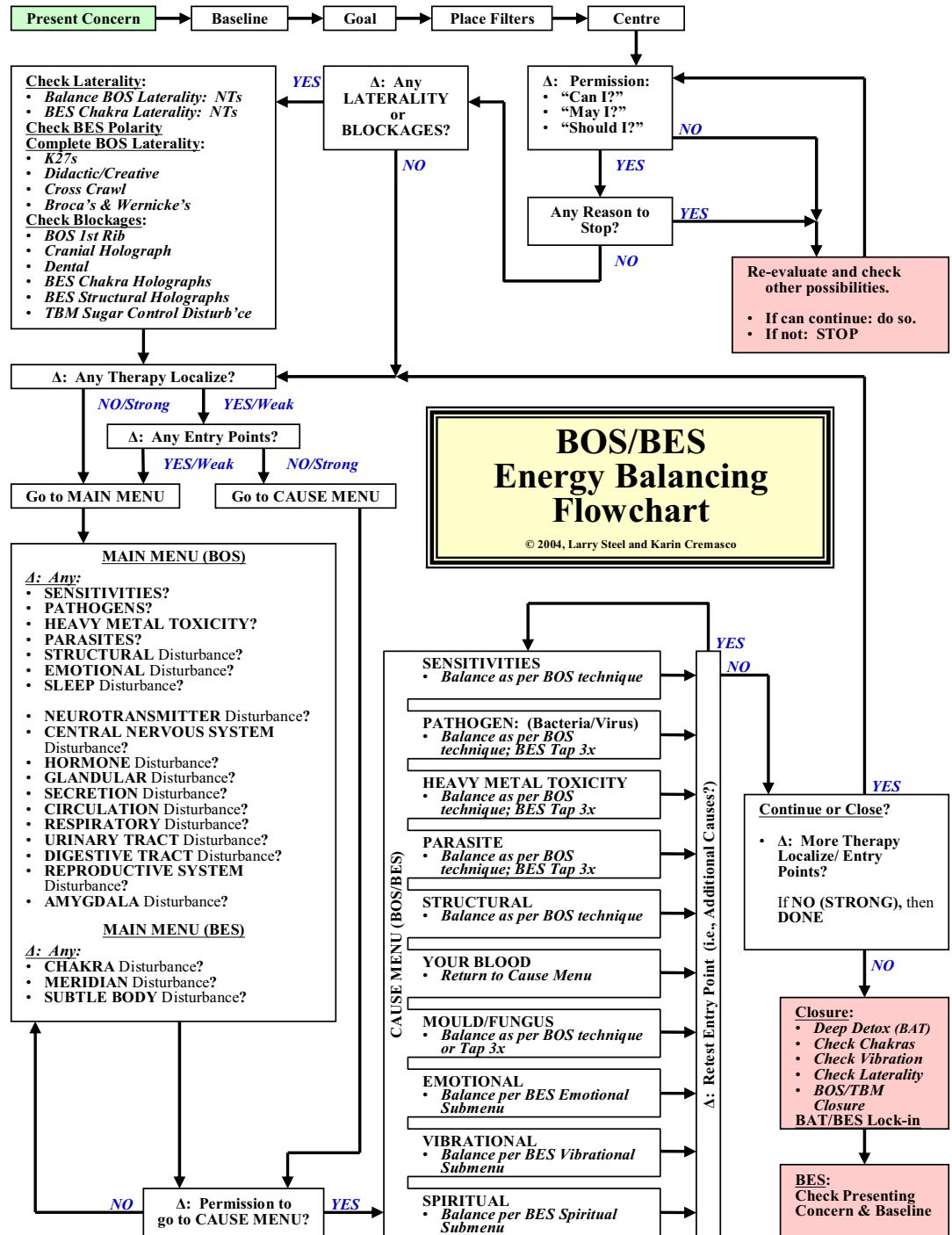
Curing: the blind man can see and be cured and healed. In which case the blind man gains his vision back and uses that to move forward in his own spiritual journey, so he uses it to inspire people.

You can also have curing without healing: in which case the blind man can see but is still a jerk (but has not experienced spiritual growth). It follows a predictable path. Death is a failure in curing. Death is an opportunity for more healing.

In the healing model: in the end we are all going to die, it is the natural closure of a life fulfilled. We hope that we leave this life with greater awareness, greater consciousness than when we came in. We need the instruments, the census, the technology, the MRI's to measure curing, healing you just know. We honour each person's belief system, their personal spirituality what they call higher power, might be God, might be Universe, might be Great Spirit, Yahweh, wherever they are, whatever they believe, to help them move forward on their path. And I honour my own.

So how do we do this, this is where we've already done with you, we've done a presenting concern, we've presented a baseline, we set a goal and then we place the filters.

Figure 15. BOS<sup>TM</sup>/BES<sup>TM</sup> Energy Balancing Flowchart<sup>©</sup>



Note: YES: Weak Indicator Muscle; NO: Strong Indicator Muscle

"The filters are the screens, the purpose of them is to keep your conscious mind and my conscious mind out of this what's in here is a homeopathic solution of Sodium Pentothal, Penthonium, Sodium Pentothal is a truth serum, decorticating drug, gets the mind out of the way. Melanin is a skin pigment, which allows us to get into the body and also tells us the priority sequence in which we need to work.

The next thing we do is ask the person to centre, to go to their place of peace. Then we check for laterality. Laterality is like the electrical panel in the laundry room, we have to make sure all the breakers are on before we change the light bulbs. We ask if there is anything bothering them in the body: therapy localize.

So this person comes in with a cold and we touch their nose and their sinus and they have a cold and it tests. So then, we ask if there are any entry points. We will go to an anatomy book if we need to, test down, and find out what is out of balance. And so when something is out of balance, the arm drops, so if tonsils are involved, the arm drops, larynx involved. The arm drops so we know that is the anatomy that is involved. And we can use filters the same way. If there are no entry points, if the person comes in and they are feeling fine then we go to main menu. And we just ask is there any allergy? infection? heavy metal? parasite? structural? emotional? neurotransmitter? hormone. Hormone is out of balance.

So let's say we go back to our model of the person with the cold. So what's causing that cold? The symptom is like the maintenance required light in the car. It's telling you something is wrong underneath the hood. So what we do is we go and find out what is wrong under the hood. If there are five things wrong and you fix three of them, that light is not going to be off. So, what happens sometimes with this treatment is people stop without getting all the causes so they haven't figured everything out yet.

So we test this person. She has a runny nose. Any Cause: allergy? No, Cause virus? Okay so the cause is virus. So what we do is we get all the virus filters, again having them upside down beside the person. And you just test through and find out which virus it is and that is not a diagnosis. It just means that the vibration of that virus is similar to what the virus frequency is in this one. Then we balance the body to that virus. It's like giving the map of how to get there. How to clear it.

We work with the immune system. We are working with IGG filters, IGE filters. We are working with interferon, antiDNA, histamine: the immune system. So we do that... Then come back and so that's all balanced. And we touch the sinuses and it still tests.... So we go and say cause, allergy, allergy tests. Do you have any allergies?

She says, "Yes ragweed. It's ragweed season. I'm just terrible," "In this model we say, well it's not ragweed that's the problem. If it was, everybody would be allergic to it. It's the body, that is the problem. So we balance the body.

So what we do is we have an allergy kit, this kit has the solutions of about 1,000 different substances, okay so we test them all. Something is out of balance in here so we just balance it all. So we go down the menu. (We say to this person,)

“Okay you still have a runny nose, cause allergy, cause infection, cause heavy metal, cause parasite, Cause: structural, structural, anything happen before you had allergies?”

“Yes I hit my head on a cupboard and my neck has been sore ever since.”

I do suggest people go to a chiropractor because sometimes things can get out of alignment and it impinges on the nervous system.

What we do energetically here, is, we relieve the congestion in that area and then we allow the program of the body to know that the normal is normal, that the abnormal has been normal, it always wants to back to what it thinks is normal, so that’s a big change.

So we go back to the runny nose again, it’s still there, so we go all the way down to cause, your blood, which is auto immune, cause mold fungus, cause emotional, so cause is emotional. “So this is BES now.

Where is this emotion trapped in the body? We just scan through the different areas and we come down to large intestine, the large intestine meridian runs through the finger, it doesn’t even go near the large intestine, as shown in the diagram.”<sup>2</sup>

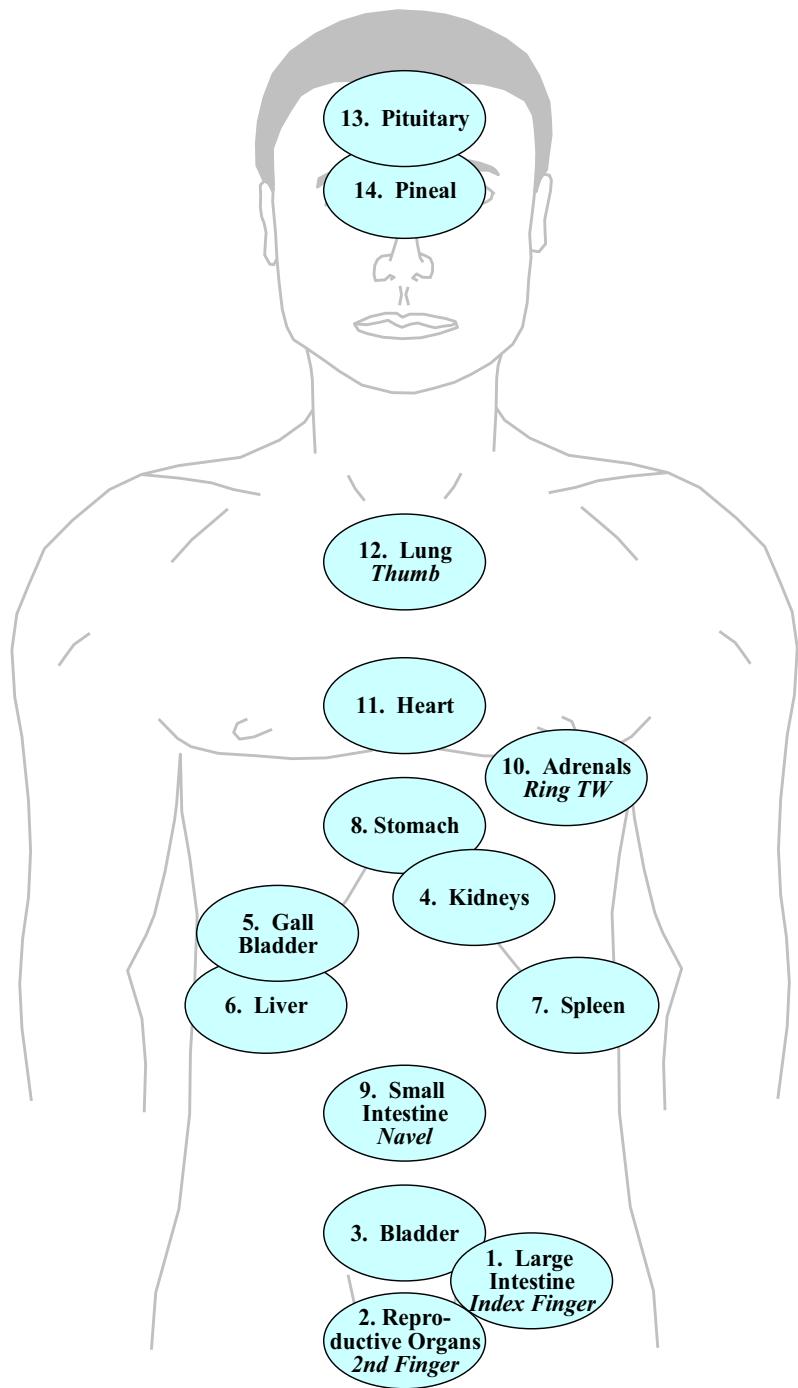


Figure 16. **BES™ EMCC®** Body Organ Positions

Figure 17. BES<sup>TM</sup> Emotional Meridian-organ Chakra Connection  
(EMCC<sup>©</sup>) Chart<sup>©</sup>

(Chakra Qualities: Integration Chart<sup>©</sup> Ann Nunley)

Chakra Meridian- Organ	Organ Location Above or On Body <sup>3</sup>	Meridian- organ Connection Point <sup>4</sup> (Client's own hand)	Emotional Issues & Qualities (Also, Lack of....)			
			Column 1	2	3	4
<b><u>ROOT</u></b> <b>1.Large Intestine</b> <i>Large Intestine Meridian</i>	Left Groin	Index Finger On left groin	<b>STRENGTH<sup>5</sup></b>			
			Guilt	Dogmatic	Holding on	Controlling
			Suicide	Obstinate	Self destruct	Exhausted
			Over-responsibility	Stuck	Irresponsibility	Stubborn
<b><u>SACRAL</u></b> <b>2.Reprod've Organs</b> <i>Circulation.Sex Meridian</i>	Pubic Bone	2 <sup>nd</sup> finger on pubic bone	<b>FREEDOM</b>	<b>CONTROL</b>	<b>CREATIVITY<sup>6</sup></b>	
			Abuse of Power	Creativity	Sexual Insecurity	Insecure
			Lack of Peace	Sacredness	Unacceptable	Jittery
			Lack of Control	Financial	Lack of Choice	Dread
<b>3.Bladder</b> <i>Bladder Meridian</i>	Hand just Above Pubic Bone	Hand just above Pubic Bone	Losing Control	Lack of Control	'Pee'd off'	Shock
			Impatience	Frozen	Frustration	Afraid
			Hesitation	Undecidedness	Helplessness	Hasty
<b><u>SOLAR PLEXUS</u></b>			<b>CONNECTION</b>	<b>ACCEPTANCE</b>	<b>RECIPROCAL LOVE<sup>7</sup></b>	
<b>4.Kidneys</b> <i>Kidney Meridian</i>	Inside 6-10 <sup>th</sup> Rib on right & left side	Hand on right or left kidney near centre of body	Fear	Terror	Panicked	Anxious
			Impending Doom	Paranoid	Doubt	Phobic
			Worried	Paralyzed	Nervousness	Dread
<b>5.Gall Bladder</b> <i>Gall Bladder Meridian</i>	9 <sup>th</sup> rib on right side	Hand on gall bladder	Resentment	Anger	Indignant	Hate
			Cynicism	Despised	Frustration	Macho
			Resistant	Critical	Vindictive	Edgy
<b>6.Liver</b> <i>Liver Meridian</i>	8 <sup>th</sup> rib on right side	Hand on liver	Anger	Suppressed fear	Bitter	Dumped
			Self-righteous Indignation	Numb	Tantrum	Rage
			Argumentative	Aggressive	Arrogant	Bossy
<b>7.Spleen</b> <i>Spleen Meridian</i>	8 <sup>th</sup> rib on left side	Hand on spleen	Self Confidence	Self Acceptance	Self Esteem	Unworthy
			Self Punishment	Helplessness	Self Identity	Giving up
			Embarrassment	Vengefulness	Unappreciated	Selfish
<b>8.Stomach</b> <i>Stomach Meridian</i>	Hand on midline and 8 <sup>th</sup> rib	Hand on stomach	Over Concern	Empathy	Sympathy	Empty
			Moral Dilemma	Stage-fright	Favouritism	Bitter
			Self Esteem Dependent.Others Disgust	Discontent	Discontent	Blamed

<b>9.Small Intestine</b> <i>Small Intestine Meridian</i>	Navel	Hand on Navel	Rejected Lost Face Shame	Abandoned Mistake Vulnerable	Disapproved Indecisive Adrift	Hurt Victim Lost
<b>10.Adrenal Glands</b> <i>Triple Warmer Meridian</i>	On top of kidneys (under nipple line of breast)	Triple Warmer: Ring finger on adrenals	Unreliable Needing Affection Disappointed	Scoffed at Overlooked Disillusioned	Humiliated Disturbed Greed	Trapped Criticized Shut out
<b>Heart Chakra</b> <b>11.Heart</b> <i>Heart Meridian</i>	Slightly left of centre of chest	Little finger on heart	<b>CONNECTION</b> Excessive Passion Disconnected Broken-hearted	<b>ACCEPTANCE</b> Forgiveness Secretive Hopelessness	<b>RECIPROCAL LOVE<sup>8</sup></b> Peace Bitterness Ungrounded	Love Truth Hate
<b>Throat Chakra</b> <b>12.Lungs</b> <i>Lung Meridian</i>	Upper rib cage on left & right side	Thumb on lung	<b>TRUST</b> Grief Longing Withdrawn	<b>PEACE<sup>9</sup></b> Despair Depression Suffocated	Regret Loss Addiction	Sadness Overwhelm Dishonest
<b>Brow Chakra</b> <b>13.Pituitary Gland</b> <i>Governing Vessel</i>	Base of nose between eyes	Between eyes	<b>TRUST</b> Blocked Lack of courage Avoidance	<b>PEACE<sup>10</sup></b> Pretentious Muddled Fanatical	Shame Cut off Lied to	Confused False Sneaky
<b>Crown Chakra</b> <b>14.Pineal Gland</b> <i>Governing Vessel</i>	Centre of forehead	Centre of forehead (Third eye)	<b>UNCONDITIONAL LOVE</b>			
			Lack of commitment Spiritual Confusion Spiritual disconnection	Lack of Faith Mistaken Belief 'Grandiosing'	Ungrounded Self sacrificing Self Punishing	Mistrust Irresponsible Apathetic

According to the chart, what emotion are we talking about. We ask, Is it column one? column two. Okay so column two tests. Three? four? No, two tests. Row one? no row two. row two, ‘obstinate’.

So we ask the person is anything going on for you that has to do with obstinate? “You know I just had this big fight with my mother,” So we find out by just following the map. So whose ‘obstinate’ is it? His or his mother’s? Test says mother’s.

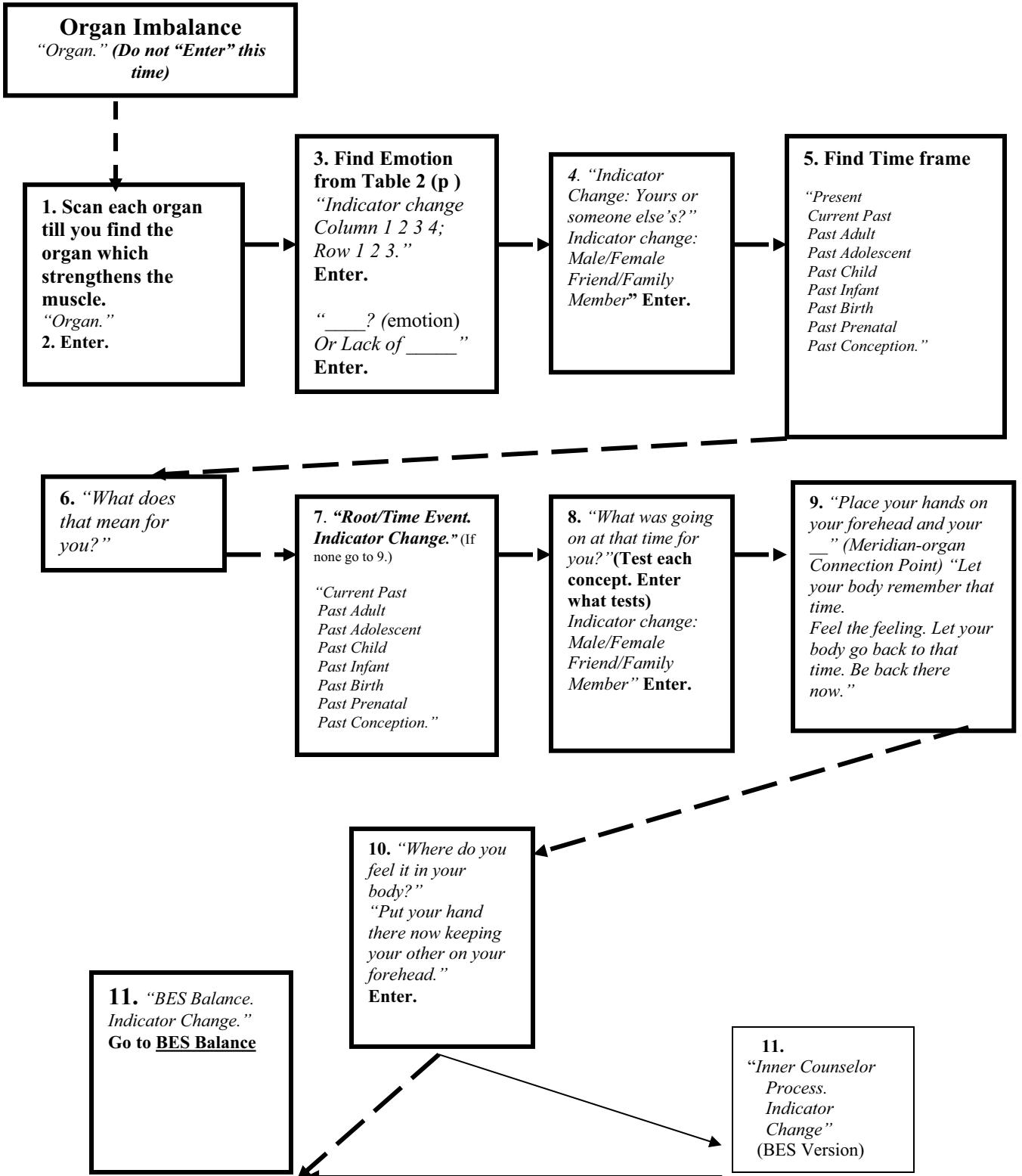


Figure 18. EMCC Organ Imbalance Flowchart®

Okay. Is it male? Female? Female? Friend? family member? family member. Okay so female family member, obstinate, mother. So present time tests. So we talk about it.

"Well my mom won't let me borrow the car! After all the things I do for her she won't let me borrow the car, I can't believe it!"

So we test, "Has this ever happened to you before this in your life? So we test past adult? past adolescent? past child? past child tests, 1 through 5? 6 through 10? 6,7,8,9,10, age 10." I ask , "What happened age 10 between you and your mother?"

"Well I remember that my mother wouldn't let me ride my bicycle to the store and everybody else on the street was able to ride and I don't why she won't accept me the way I am."

So then I ask them to put their hand on their large intestine where the meridian connects the organ to the meridian. So we've got those two connected. It's in the area of the chakra. Place their hand on their forehead. And then I ask them to feel that energy: remember being ten. Let your body be ten. Feel it in your body. And they'll get a knot in their stomach or something like that. So then we just touch that and enter it and then I'll ask them to feel it again and I tap on their hand to the rhythm of a heartbeat, 6 or 8 times and there is a chakra on the hand as well, as they breathe deeply and we've released the energy. But sometimes you need to do it different. So I'll ask them, okay so what is it that you needed when you were 10 years old?

"I needed acceptance. I needed my mom to accept me."

It may just be a busy mom or it wasn't a good day for her and so they can go back and visualize redoing it. We can't change history but we can change our energy so we can have an energetically happy childhood. Other people have had a real heavy duty past and they don't want to go there.

So I'll ask them to go to their place of peace and connect with their wise self and ask for a symbol of who or what can give them all the acceptance that they needed. They might bring in their religious tradition at this point or they may see a butterfly.

So I ask them to bring in that butterfly, is that butterfly big enough to give you all the acceptance that you needed?

"Oh yeah it is, I just feel so peaceful when I think of this butterfly."

So I ask them to bring in the energy of the 'butterfly of acceptance' through their hands, course through their body and through their sinuses, okay so that it allows the healing to occur. So then we go back to our main map here and we've come all the way down to emotional and we go back around, still got a runny nose, it still tests.

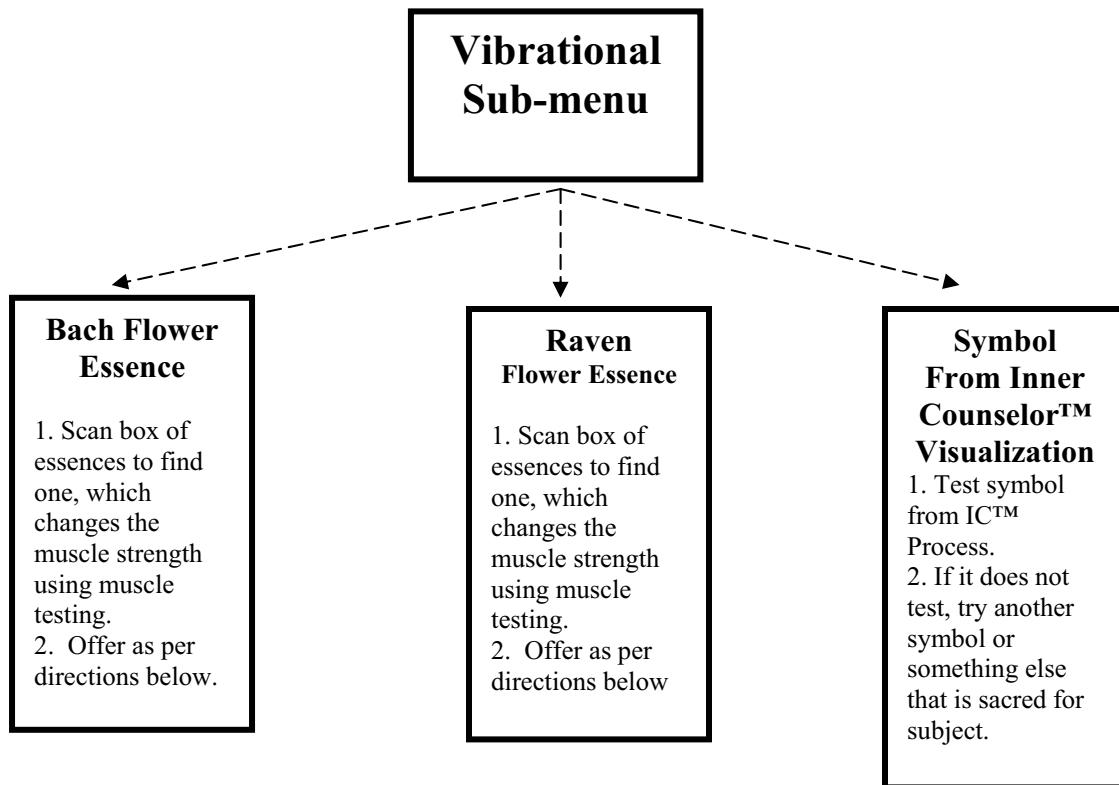


Figure 19. Vibrational Cause Sub-menu

Okay we come down to Vibrational. So vibrational is where therapeutic touch put the colour in.

So what we've done is, we've removed the cloud of obstinacy. We've got a hole like the farmer in the field has a hole after he took the rocks out. So what we are going to put in then is we're going to put compost in. We want to make it fertile again. So what we use are flower essences. We test through them it could be an essence, colour, sound. It could be whatever. So let's say it's 'Bach' Flower Essence. So what we do is we just place the whole kit on the body and we test which side it's on. Right there. This row? This row? This one? This one. Take that bottle, okay? I look on it after and I see what it says. I look up the qualities. I ask the person to look at the qualities and see if that makes sense, if that matches what they're feeling and usually they go, "Wow that's amazing!"

So what we are going to do is scan the body and find out where they need it, because where the hole is, is in the emotional field. We want it in the field. I just offer the intention, I find out where it is and I put my hand on their forehead and ask that they receive that essence vibration. (There are more words that go with that.) And that is how we put it in there.

It's like if you are musical and you don't have perfect pitch and you are trying to find what a G is. And someone plays it on a pitch pipe or a piano and then you can sing it. That's what it's like. The body needs to know what frequency it is suppose to vibrate at. We have filled up this area. Okay, so now the energy field, emotional field is not just full or unruffled. But actually has something positive in it.

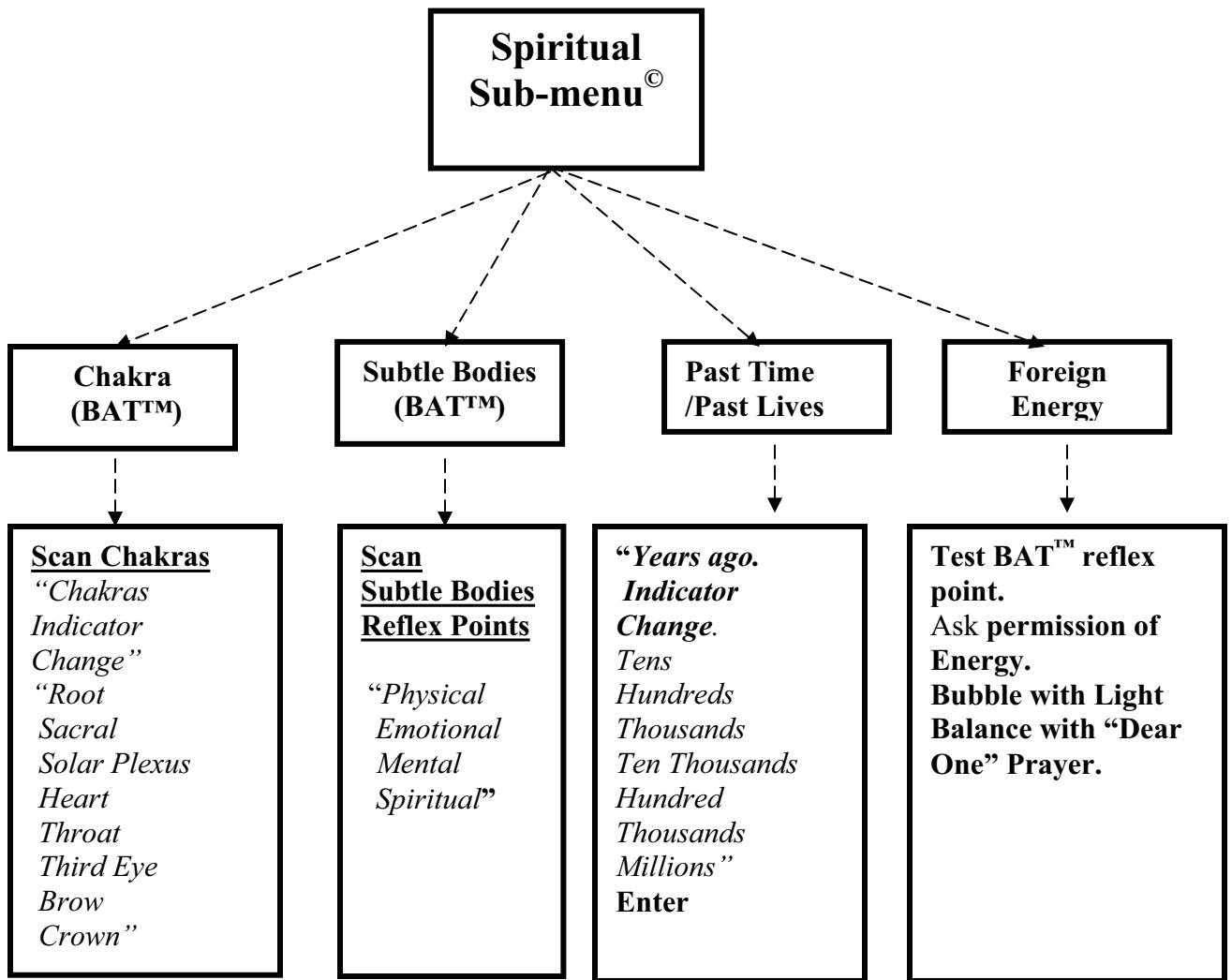


Figure 20. Spiritual Cause Sub-menu

So we go back to main menu here, our map, and they still have a runny nose. Okay, so then we go down and we get all the way to spiritual, so what do we do that?

With spiritual, we can scan the body and find out which chakra it is or which subtle body it is, physical, emotional, mental, spiritual and if they're out of balance we just hold our hands above it and intend to balance to re balance, whatever that is for that person. We don't say where it goes, we just allow it to re balance it knows how to do it.

Well maybe it's past time, so past time tests, past time, time before we were born. It could be ancestral stuff handed down from generation to generation. It could be historical consciousness of collective unconscious. Who knows or maybe it's past life? I don't care what people call it, it's up to them, but something using the model at the time before we were born makes a difference. It clears the blockages and that's what my job is.

Foreign energy is energy that is not theirs, living in a negative situation at home, at work, too many horror movies, spiritual, meditative, whatever and we just clear it.

So we go back to the main menu and go all the way back to our map and we test the sinuses and low and behold they test strong.

Now at this point, but they still have a runny nose, it tests strong. So at this point it's up to them whether it's cure or it's heal we don't know what their journey is. Sometimes people aren't meant to be healed because it's not part of their spiritual growth. So at that point we just let go of outcome.

So the bottom line of it all is that,

'the body weeps the tears the eyes refuse to shed.'

This concludes the Education Session.

*“The body weeps the  
tears,  
the eyes refuse to shed”*

*Proverb*

Figure 21. [The Body Weeps the Tears the Eyes Refuse to Shed<sup>12</sup>](#)

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<sup>1</sup> Computer Photograph of Chakras (Taken at [www.hollyoak.net](http://www.hollyoak.net)) (Software available at [http://www.winfalcon.com/Auras/aura\\_video\\_5.htm](http://www.winfalcon.com/Auras/aura_video_5.htm)) The Aura Video Station Digital Deluxe 5.1 Package.

<sup>2</sup>Note: Body Points are BEST™. Diagram of Figure inspired by: Harvey Steel, *Your Biocomputer Operating System: The Doctor's Technique Manual*, (1994) A-4.

<sup>3</sup> M. V. Oliver, W.E., & Liskar, N. *Rapid Review Anatomy Reference Guid*, Skokie, Illinois: Anatomical Chart Company, 1996.

<sup>4</sup> Location of the Meridian Connection Point determined according the illustrations found in Donna Eden and David Feinstein, *Energy Medicine: Balance your Body's Energies for Optimum Health, Joy, and Vitality*, (New York: Penguin,: 1998) 101-107, 109.

<sup>5</sup> Nunley, 272.

<sup>6</sup> ibid.

<sup>7</sup> Nunley, 276.

<sup>8</sup> ibid.

<sup>9</sup> Nunley, 280.

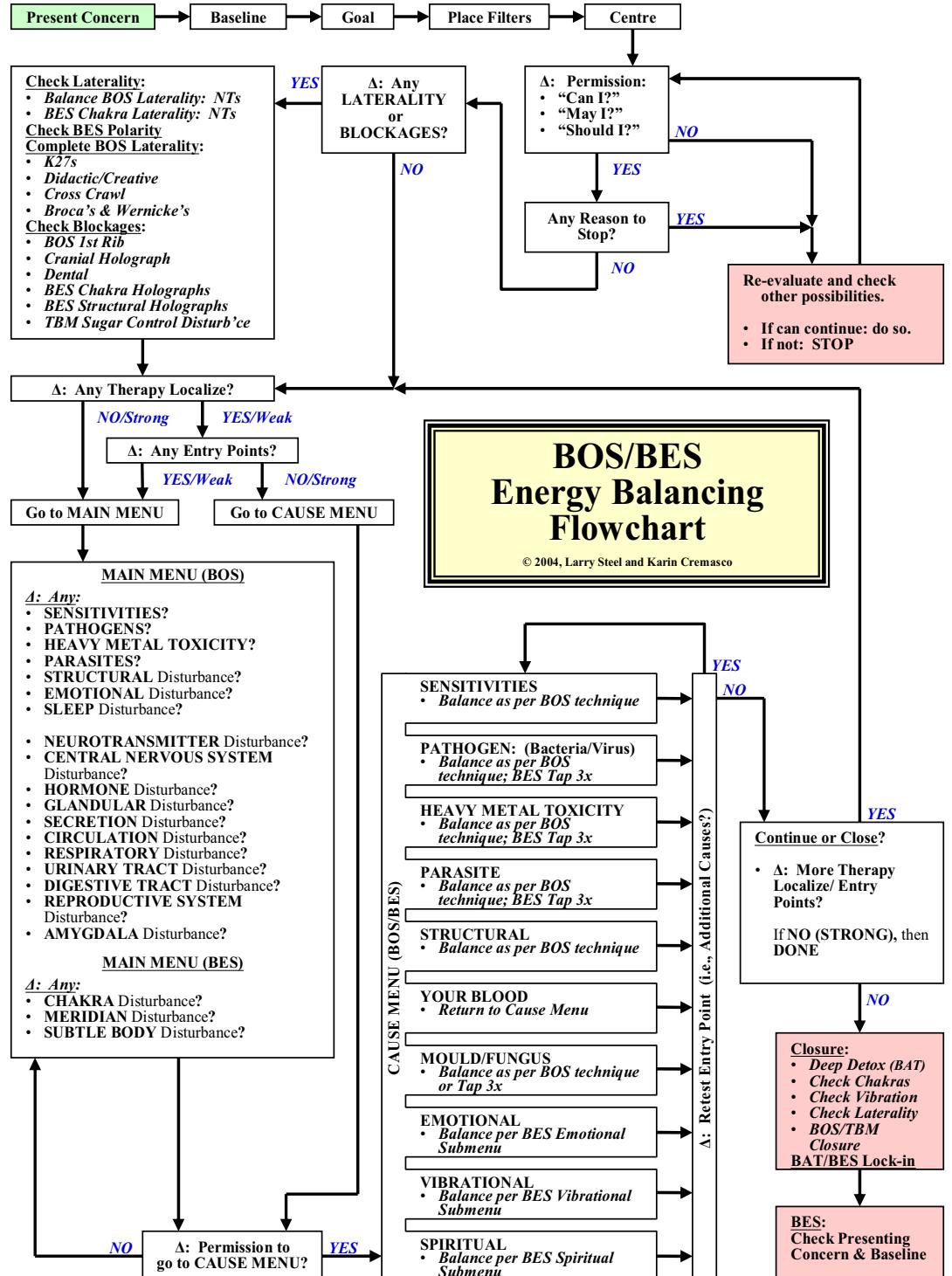
<sup>10</sup> ibid.

<sup>11</sup> ibid.

<sup>12</sup> Frank, *Total Body Modification Manua*.

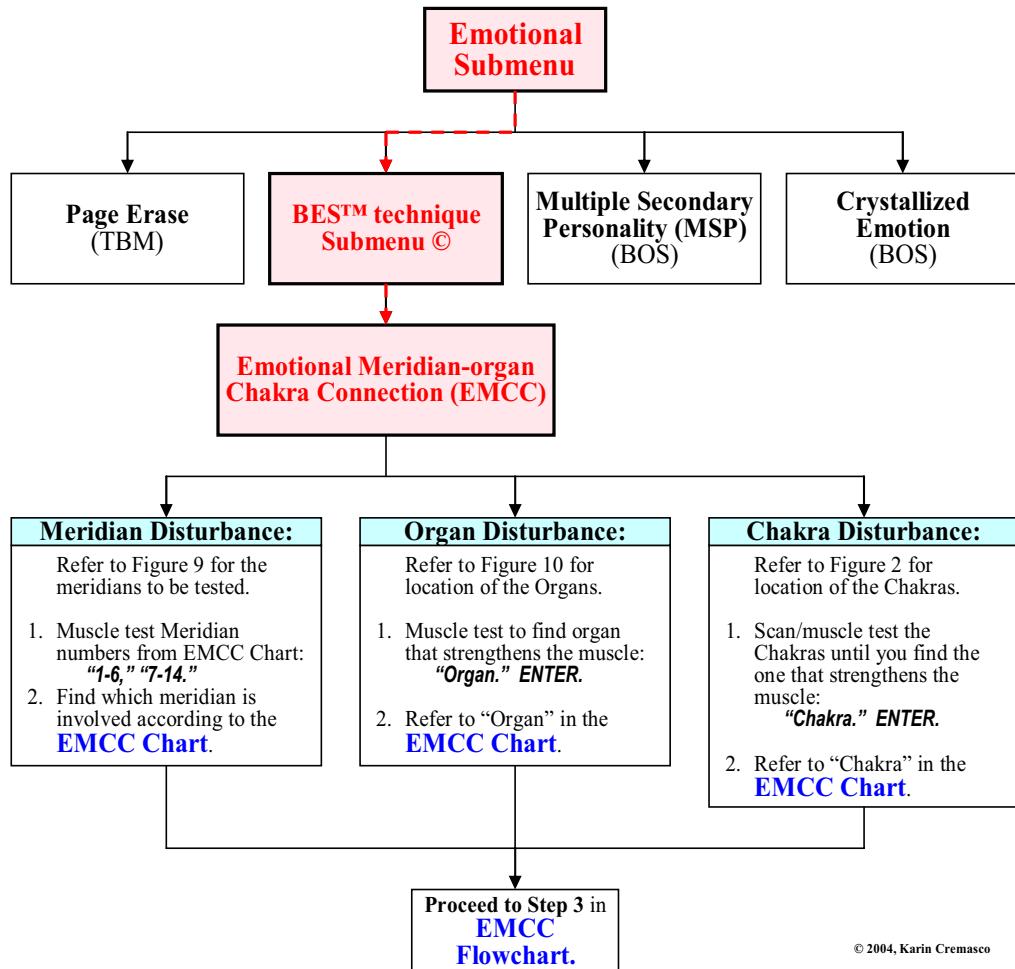
**APPENDIX H:**  
BODY HARMONIZATION<sup>©</sup> PROCEDURES

Figure 22. **BOS<sup>TM</sup>/BES<sup>TM</sup>** Energy Balancing Flowchart<sup>©</sup>



Note: YES: Weak Indicator Muscle; NO: Strong Indicator Muscle

Figure 23. BES<sup>TM</sup> Emotional Cause Sub-menu



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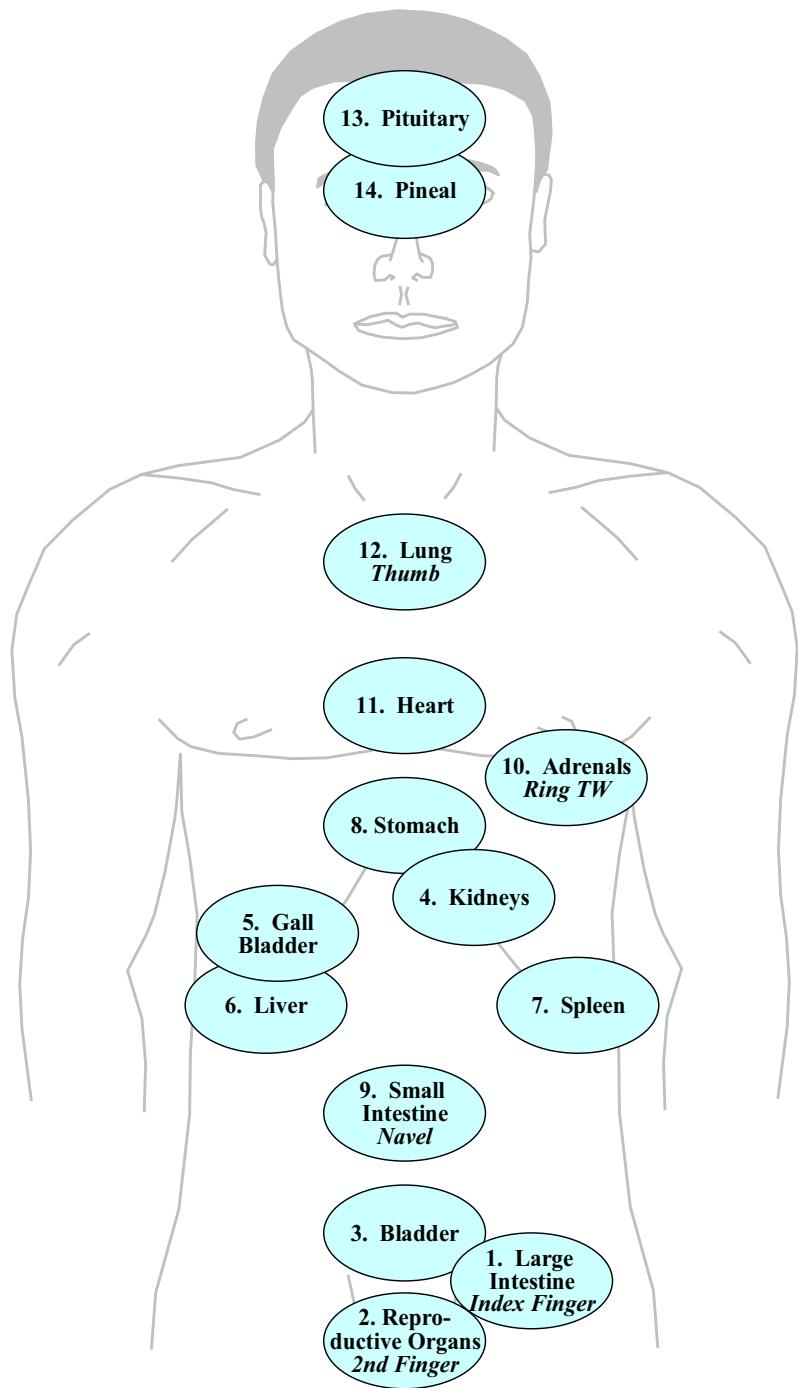
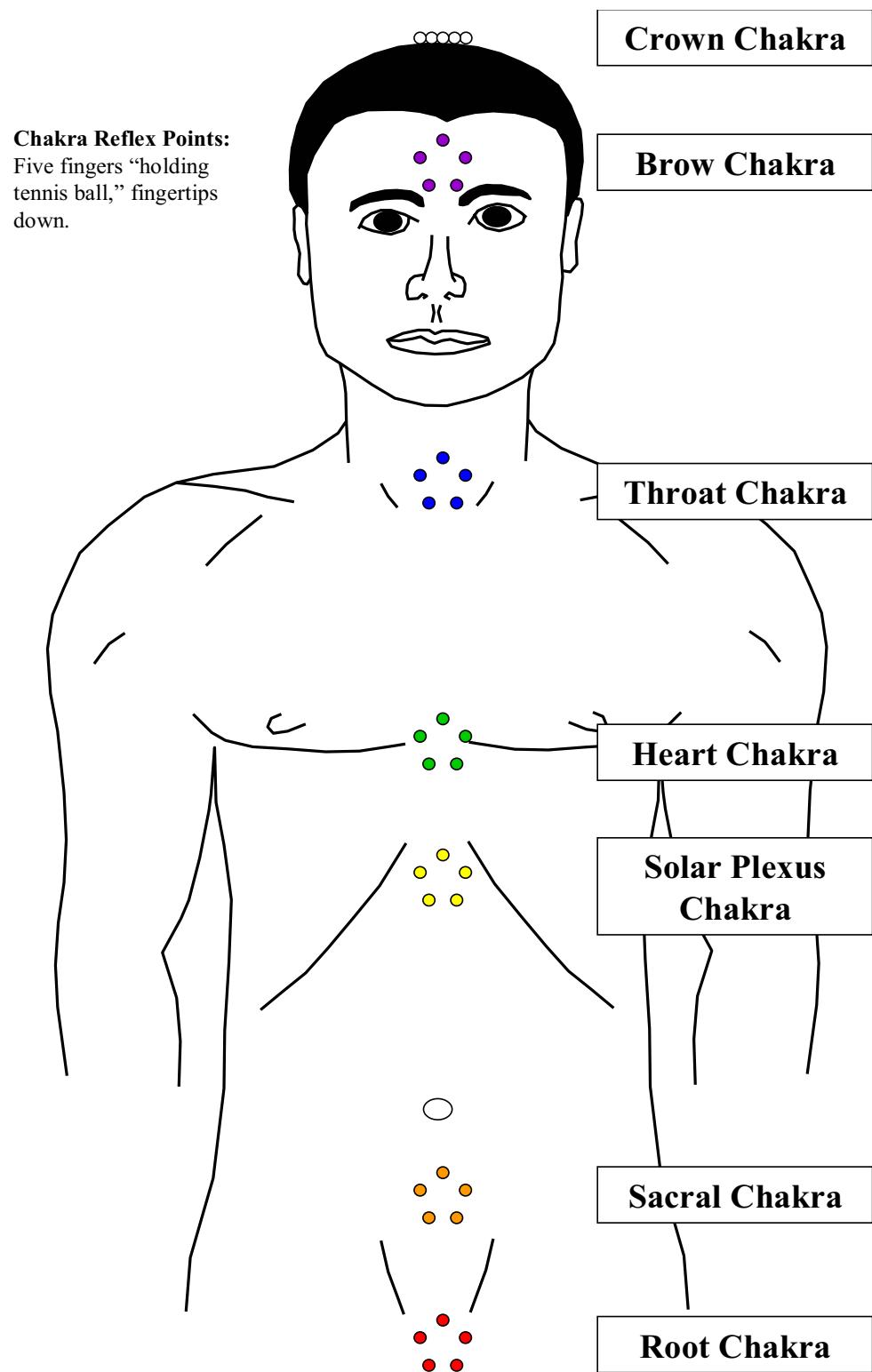
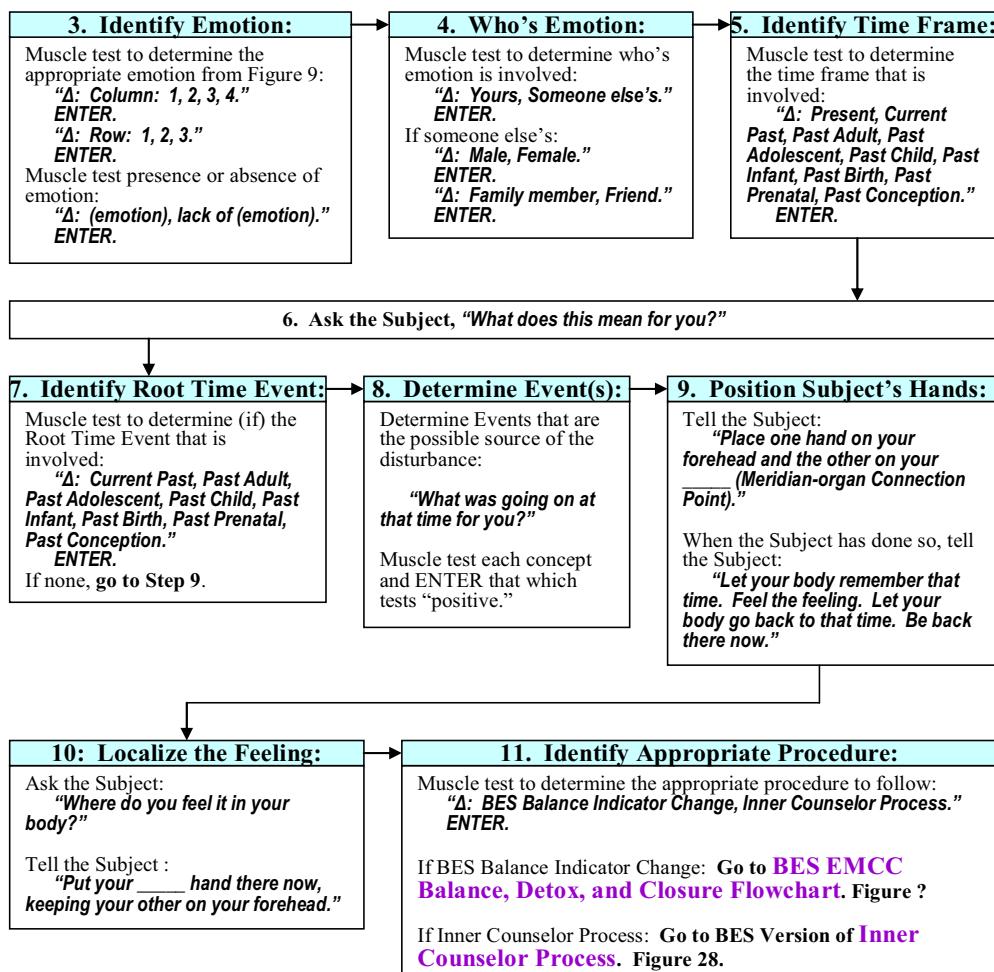


Figure 24. **BES™ EMCC®** Body Organ Positions

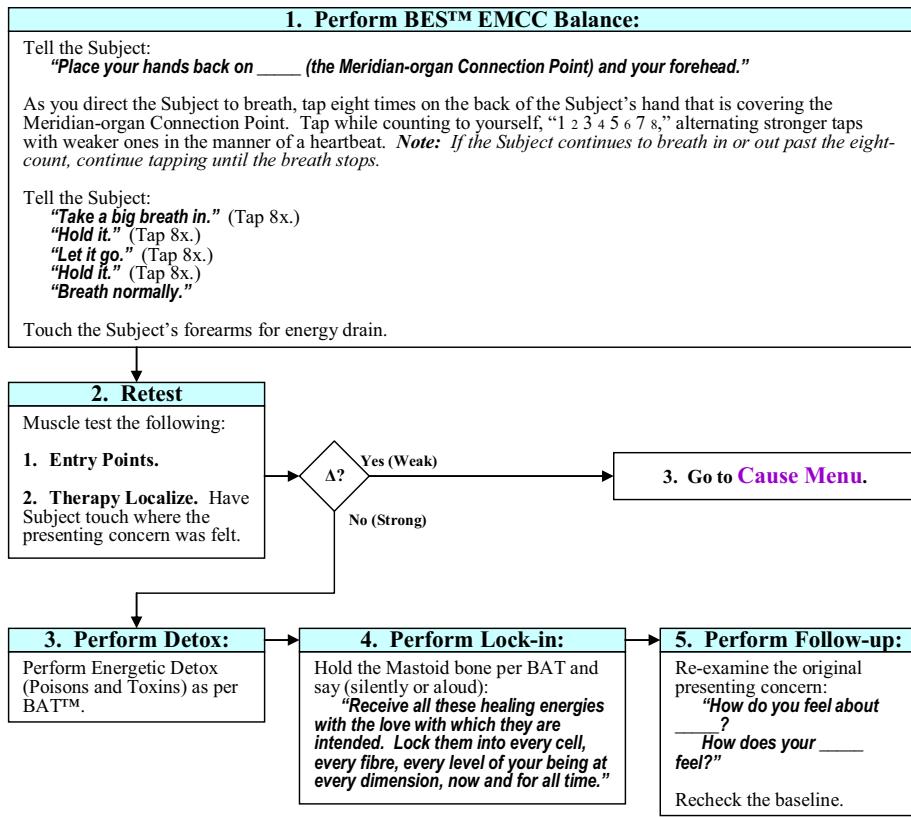
Figure 25. Chakra Locations





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Figure 26. **BES™ Emotional Meridian-organ Chakra Connection Flowchart<sup>©</sup>**



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Figure 27. BES™ EMCC Balance, Detox, and Closure Flowchart<sup>©</sup>

## **1. Inner Counselor (IC) Process™ :**

*Note: Blue font indicates BES technique version .*

1. "Begin in your Place of Peace. Invite your Wise Self to be there with you."  
"Indicate when you are there and your Wise Self is there with you."
2. "**Think of the issue of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (Emotion, Time, and Others Involved, from the EMCC Flowchart).**"
3. "**Place your hands on your forehead and \_\_\_\_\_ (Organ or Chakra from the EMCC Menu).**"
4. "Experience the Feeling in your body. Where do you feel it?"
5. "**Keeping your hand on your forehead, place your other hand where you feel it in your body.**"
6. "Sense the feeling fully. Let it intensify."  
"Let the feeling take on a form."  
"Imagine pulling it out of your body so you can see it. As you pull it out, bring your hands back down."  
"What does it look like?"  
"Put a face on it so that you can talk to it."
7. "When this \_\_\_\_\_ first appeared, it had a helpful intent. What was it trying to do for you? It protected you as best it could. Can you and will you thank it for that?"
8. "In your heart of hearts, what was it you really needed then and still need now?" (Interview for the Ideal Quality.)
9. "Ask the \_\_\_\_\_ (Feeling Symbol) if it will let you find a new way to get all the \_\_\_\_\_ (Ideal Quality) that you really need and still have the same protection."
10. "Once more, go to your place of peace and ask your Wise Self for a new symbol -- someone or something that will give you all the protection of the \_\_\_\_\_ (Feeling Symbol) and will give you all the \_\_\_\_\_ (Ideal Quality) that you really need. Who or what do you get?"  
"Is the \_\_\_\_\_ (new Healing Symbol) powerful enough to give you all the \_\_\_\_\_ (Ideal Quality) you need?"  
"Will it commit to helping you with this issue?"  
"Will you commit to it to work through this issue?"
11. "**Place your hands back on your forehead and \_\_\_\_\_ (Organ or Chakra from the EMCC Menu).**"
12. "Bring the two symbols together to meet. Have the \_\_\_\_\_ (Healing Symbol) demonstrate its energy, strength, and power. Have it show how it will protect you and how it will fulfill your true need. Ask the \_\_\_\_\_ (Feeling Symbol) if it is willing to be transformed to become or be absorbed within the \_\_\_\_\_ (Healing Symbol)."  
"**Which would it prefer: to be absorbed within or be transformed into the Healing Symbol?**"
13. "Experience the \_\_\_\_\_ (Feeling Symbol) completely being absorbed within the \_\_\_\_\_ (Healing Symbol)."  
"As this is complete, bring your hands down."
14. "What special advice does the \_\_\_\_\_ (Healing Symbol) have for you that you need to hear at this time?"
15. "Give the \_\_\_\_\_ (Healing Symbol) an assignment so that you will know that its energy is now in charge of that part of your life that was governed by the \_\_\_\_\_ (Feeling Symbol)."
16. "Take the \_\_\_\_\_ (Healing Symbol) to your Place of Peace and give it a place of honour. Thank your Wise Self and your Guide. Thank your Self."
17. "**The intent of this next part is a guided imagery energy exercise with therapeutic touch. Would you like to proceed?**"

**If YES: Go to Step 2, IC Energy Integration Exercise.**

**If NO: Go to EMCC Flowchart.**

Inner Counselor© Ann Nunley

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Figure 28. **BES™ Version of Inner Counselor Process**©

## **2. Inner Counselor Process Energy Integration Exercise (BES Version) :**

*Note: Blue font indicates BES technique version .*

1. “Experience the flow of Energy.... (Perform the Therapeutic Touch procedures.)  
“As the Energy flows, imagine a golden light with the qualities of the \_\_\_\_\_ (Healing Symbol) surrounding your body with the essence of the Energy of the \_\_\_\_\_ (Healing Symbol). Feel the Energy envelop you. Breathe in the Energy of the \_\_\_\_\_ (Healing Symbol) and allow it to flow through all of your body. Allow the Energy of the \_\_\_\_\_ (Healing Symbol) to permeate your very being to the very DNA of every cell as each cell is being formed.”
2. “Imagine the golden light energy with the qualities of the \_\_\_\_\_ (Healing Symbol) entering the crown of your head. Visualize and feel the light and power of this symbol as it fills your head... filling every cell. Feel the light as it moves down to fill **your** \_\_\_\_\_ (area which presented itself at the beginning of the session)... your throat... your heart and lungs... down your arms to the tips of your fingers... your solar plexus... your abdomen.... The light and Energy of the \_\_\_\_\_ (Healing Symbol) then moves down to the base of your spine, filling your lower body full of healing light... down your legs to the tips of your toes.... As the light fills your body, every cell is full of light.... Every cell is changed by the qualities of the golden light and the \_\_\_\_\_ (Healing Symbol). Feel your feet connect with the Energy of the Earth....”  
(Hold the Subject’s feet.)  
“Feel the strength of that Energy and draw it up into your body to become part of the golden light Energy.... Take some deep breaths. Let go.”
3. **Do Energetic Detox from BES EMCC Balance, Detox, and Closure Flowchart.**
4. “Release any residual energies that were part of the old Energy pattern. Allow those old energies to move up and out....”

### **Vibrational Infusion of the Symbol:**

5. “With your permission, I’d like to offer you the essence of the \_\_\_\_\_ (Healing Symbol) to **your** \_\_\_\_\_ (Chakra).”  
“\_\_\_\_\_ (name) {and, if appropriate, \_\_\_\_\_ (name) before you were named \_\_\_\_\_ (name)}, receive essence of \_\_\_\_\_ (Healing Symbol) vibration perfectly now at all levels, all dimensions, now and for all time, in every aspect known and unknown, to the very depths of your being.”
6. “When you are ready, and take your time, quietly open your eyes and be here in this room feeling alert, refreshed, and filled with light.”

**Go to Closure portion of BES EMCC Balance, Detox, and Closure Flowchart.**

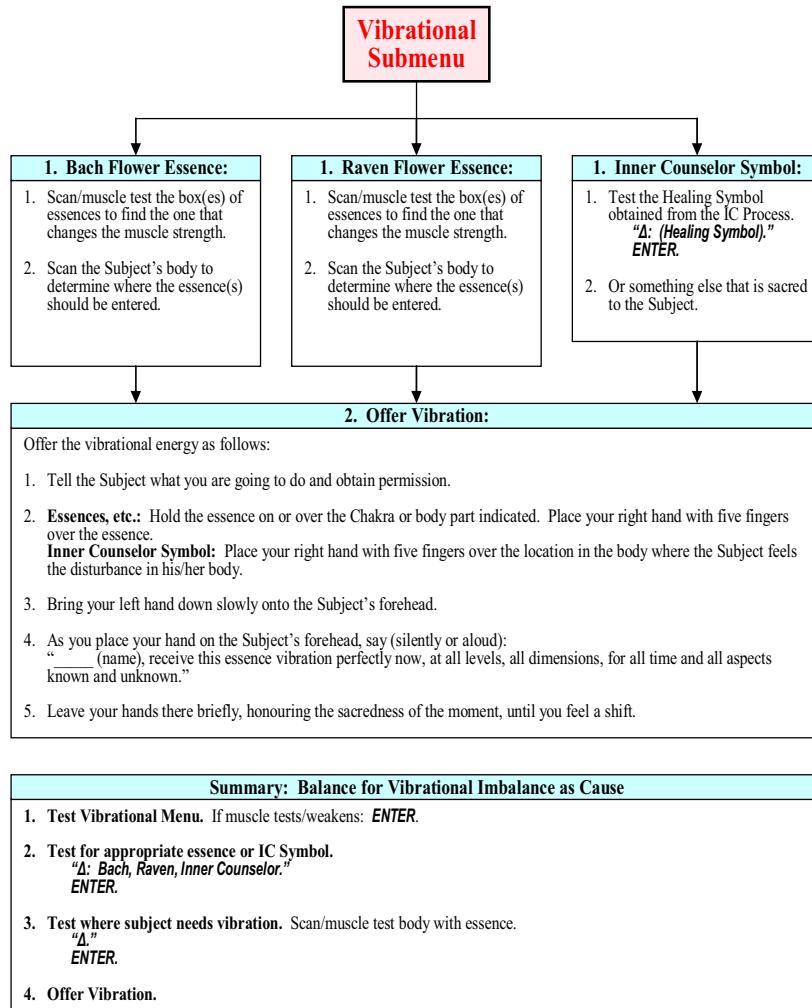
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Figure 29. **BES™ Version of Inner Counselor™ Energy Integration Exercise<sup>©1</sup>**

Figure 30. BES™ Emotional Meridian-organ Chakra Connection Chart©

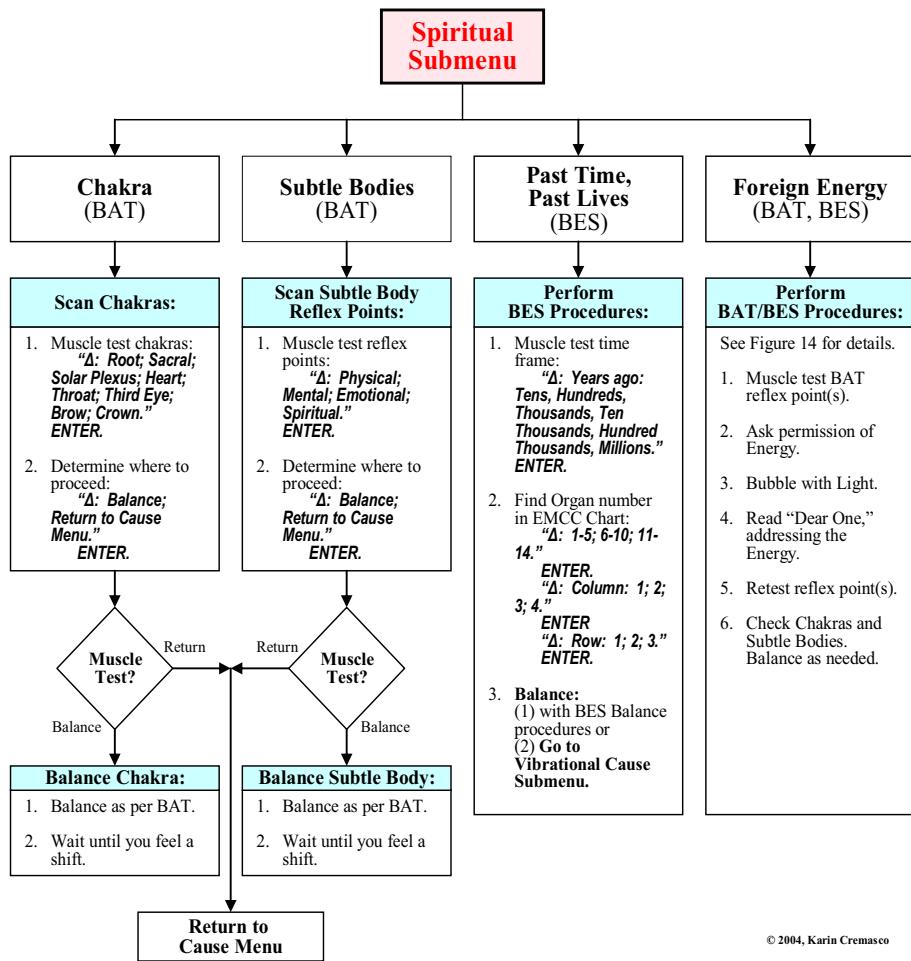
<b>Chakra Meridian- Organ</b>	<b>Organ Location Above or On Body<sup>2</sup></b>	<b>Meridian- organ Connection Point<sup>3</sup> (Client's own hand)</b>	<b>Emotional Issues &amp; Qualities (Also, Lack of....)</b>			
			<b>Column 1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b><u>ROOT</u></b> <b>1.Large Intestine</b> <i>Large Intestine Meridian</i>	Left Groin	Index Finger On left groin	<b>STRENGTH<sup>4</sup></b>			
			Guilt Suicide Over-responsibility	Dogmatic Obstinate Stuck	Holding on Self destruct Irresponsibility	Controlling Exhausted Stubborn
<b><u>SACRAL</u></b> <b>2.Reprod've Organs</b> <i>Circulation.Sex Meridian</i>	Pubic Bone	2 <sup>nd</sup> finger on pubic bone	<b>FREEDOM</b>	<b>CONTROL</b>	<b>CREATIVITY<sup>5</sup></b>	
			Abuse of Power Lack of Peace Lack of Control	Creativity Sacredness Financial	Sexual Insecurity Unacceptable Lack of Choice	Insecure Jittery Dread
<b>3.Bladder</b> <i>Bladder Meridian</i>	Hand just Above Pubic Bone	Hand just above Pubic Bone	Losing Control Impatience Hesitation	Lack of Control Frozen Undecidedness	'Pee'd off' Frustration Helplessness	Shock Afraid Hasty
<b><u>SOLAR PLEXUS</u></b>			<b>CONNECTION</b>			
<b>4.Kidneys</b> <i>Kidney Meridian</i>	Inside 6-10 <sup>th</sup> Rib on right & left side	Hand on right or left kidney near centre of body	Fear Impending Doom Worried	Terror Paranoid Paralyzed	Panicked Doubt Nervousness	Anxious Phobic Dread
<b>5.Gall Bladder</b> <i>Gall Bladder Meridian</i>	9 <sup>th</sup> rib on right side	Hand on gall bladder	Resentment Cynicism Resistant	Anger Despised Critical	Indignant Frustration Vindictive	Hate Macho Edgy
<b>6.Liver</b> <i>Liver Meridian</i>	8 <sup>th</sup> rib on right side	Hand on liver	Anger Self-righteous Indignation'	Suppressed fear Numb Aggressive	Bitter Tantrum Arrogant	Dumped Rage Bossy
<b>7.Spleen</b> <i>Spleen Meridian</i>	8 <sup>th</sup> rib on left side	Hand on spleen	Self Confidence Self Punishment Embarrassment	Self Acceptance Helplessness Vengefulness	Self Esteem Self Identity Unappreciated	Unworthy Giving up Selfish
<b>8.Stomach</b> <i>Stomach Meridian</i>	Hand on midline and 8 <sup>th</sup> rib	Hand on stomach	Over Concern Moral Dilemma Self Esteem Dependent.Others	Empathy Stage-fright Disgust	Sympathy Favouritism Discontent	Empty Bitter Blamed

<b>9.Small Intestine</b> <i>Small Intestine Meridian</i>	Navel	Hand on Navel	Rejected Lost Face Shame	Abandoned Mistake Vulnerable	Disapproved Indecisive Adrift	Hurt Victim Lost
<b>10.Adrenal Glands</b> <i>Triple Warmer Meridian</i>	On top of kidneys (under nipple line of breast)	Triple Warmer: Ring finger on adrenals	Unreliable Needing Affection Disappointed	Scoffed at Overlooked Disillusioned	Humiliated Disturbed Greed	Trapped Criticized Shut out
<b>Heart Chakra</b> <b>11.Heart</b> <i>Heart Meridian</i>	Slightly left of centre of chest	Little finger on heart	<b>CONNECTION</b>	<b>ACCEPTANCE</b>	<b>RECIPROCAL LOVE<sup>7</sup></b>	
			Excessive Passion Disconnected Broken-hearted	Forgiveness Secretive Hopelessness	Peace Bitterness Ungrounded	Love Truth Hate
<b>Throat Chakra</b> <b>12.Lungs</b> <i>Lung Meridian</i>	Upper rib cage on left & right side	Thumb on lung	<b>TRUST</b>	<b>PEACE<sup>8</sup></b>		
			Grief Longing Withdrawn	Despair Depression Suffocated	Regret Loss Addiction	Sadness Overwhelm Dishonest
<b>Brow Chakra</b> <b>13.Pituitary Gland</b> <i>Governing Vessel</i>	Base of nose between eyes	Between eyes	<b>TRUST</b>	<b>PEACE<sup>9</sup></b>		
			Blocked Lack of courage Avoidance	Pretentious Muddled Fanatical	Shame Cut off Lied to	Confused False Sneaky
<b>Crown Chakra</b> <b>14.Pineal Gland</b> <i>Governing Vessel</i>	Centre of forehead	Centre of forehead (Third eye)	<b>UNCONDITIONAL LOVE</b>	<b>JOY<sup>10</sup></b>		
			Lack of commitment Spiritual Confusion Spiritual disconnection	Lack of Faith Mistaken Belief 'Grandiosing'	Ungrounded Self sacrificing Self Punishing	Mistrust Irresponsible Apathetic



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Figure 31. BES™ Vibrational Cause Sub-menu



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Figure 32. **BEST™** Spiritual Sub-menu

### Foreign Energy Procedures:

**Note:** This is energy that is not yours (the subject's). It is only energy and we just release it.

1. Test the BAT reflex point(s).  
“*Δ: Crown Chakra, Naval.*”  
**ENTER.**
2. If reflex point tests WEAK: Muscle test the following questions:  
“*Is it in (subject's name) best interest to do this balancing at this time?*”  
“*Is it in my best interest?*”  
“*Is it in the Energy's best interest?*”  
“*Is there any reason not to proceed at this time?*”  
If the answers to the first three questions are “YES” and the last “NO,” then proceed with the balancing. If permission is not granted, ask “Yes/No” questions (e.g., “Does the Energy need something in order to be released?” “Does it need to be acknowledged for its helpful intent?” etc.) until you have permission.
3. Through intention, “Cloak your Light.” Encapsulate and cloak yourself and the surrounding area (including the subject, the office, all living beings within the office, the subject's home, surrounding homes, our families, and the land) in light so that the Energy can be directed straight home to where it belongs without any detours to another's light. (As Lori Wilson teaches, treat this energy with love and gentle firmness, as one would a frightened child, so it feels safe enough to be set free.)
4. Read “Dear One,” addressing the energy while completing the balance. Silently or aloud with a clear, firm voice read the following while lifting your hands from the body points:  
*Dear One,  
You are healed and forgiven.  
You are one with your own higher self, your own God self.  
You are filled and surrounded with God's love.  
You are filled and surrounded with God's light.  
You are free from fear, and from pain,  
And from the Earth's vibration.  
I ask God, God's Angels, God's beings of light,  
To take you to God's court, where you may learn your right place and go to it.  
Go in peace, please.” (Source unknown)*
5. Ask the Subject:  
“*Mentally or aloud, make the sounds of the vowels: A - E - I - O - U.*”  
“*Think “Clear” and breathe out sharply through the nose two or three times.*”  
“*Visualize the flood of cleansing white light sweeping through while a funnel of light carries the discordant energies up to God's court.*”  
“*Visualize the gently descending mist of God's love and light.*”
6. Retest the reflex points at the head and naval to make sure that they test strong.
7. Check the Subject's Chakras and Subtle Bodies. Balance as needed.
8. Detox. Drain by touching the forearms.

**Return to the Cause Menu or Main Menu (as appropriate).**

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Figure 33. **BEST™** Spiritual Cause Sub-menu – Foreign Energy

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<sup>1</sup> Nunley, ibid., Workbook, 39. (With permission.)

<sup>2</sup> M. V. Oliver, & Liskar, N., *Rapid Review Anatomy Reference Guide*, Skokie, Illinois: Anatomical Chart Company, 1996.

<sup>3</sup> Location of the Meridian Connection Point determined according the illustrations found in Donna Eden and David Feinstein, *Energy Medicine: Balance your Body's Energies for Optimum Health, Joy, and Vitality*, (New York: Penguin,; 1998) 101-107, 109.

<sup>4</sup> Nunley, 272.

<sup>5</sup> ibid., 272.

<sup>6</sup> ibid., 276.

<sup>7</sup> ibid.

<sup>8</sup> ibid. 280.

<sup>9</sup> ibid.

<sup>10</sup> ibid.

**APPENDIX I:**  
VERBAL FEEDBACK

Table 26. Frequencies of Descriptive Terms in Verbal Feedback in Period 1  
in Post-session and One-week Datapoints

<u>Descriptive Term</u>	<u>Number of Subjects Who Used that Term</u>	
	<u>Group 1 Body Harmonization<sup>©</sup></u>	<u>Group 2 Education Session</u>
Relaxed	10	4
Clear, Clarity	14	1
Lighter, Light	10	4
Better	12	2
Calm	9	3
Good	7	1
Grounded	5	0
Peaceful	8	1
Hopeful	3	3
Tired	2	1
Less or not as anxious	3	2
Same	0	14
Connected	4	2
Disappointed	0	2

## **I1. General Comments and Feedback in Period 1**

### Group 1: Immediately after Body Harmonization<sup>©</sup> Session Period 1

(The full accounts of each of the procedures as well as the verbal feedback are included in the [appendix J](#) and can be found under the Case Reports for Group 1.) The “Body Harmonization<sup>©</sup> subjects” as a group had much more to say, than the Education Session group, immediately following their energy balance. Generally, as evident from their remarks, they were enthusiastic and positive. One subject said he felt taller. Another commented that she saw everything much “clearer” and is “believing in herself.” Another reported not feeling “as anxious” and still another said her pain and anxiety were greatly relieved.”

### Group 1: One-Week after Body Harmonization<sup>©</sup> Session Period 1

Twelve subjects in the Body Harmonization<sup>©</sup> group volunteered unsolicited feedback after the One-week session data point. One man commented, as he dropped off his completed one week after session questionnaire, that he thought he had been angry with himself for years. At the balancing session he realized that he was actually angry with his father. Several noted that their increased stress level for the week, did not seem to bother them as much. One subject commented that she had, “the same stresses and pressures, but felt clear, content and satisfied.” Six subjects out of six on a “perchance” encounter with the investigator, commented that they were still feeling the benefits of the balance. They felt lighter and clearer and that that their anxiety was greatly relieved.

They spoke of feeling energized, positive, or better able to cope. Three subjects said three weeks later, that they would have liked to have filled out another questionnaire at that point. One woman received some very serious news of a friend's son who had been murdered just after the Post-session Body Harmonization©session. Her scores all returned to the high Pre-session level after the state had dropped by 28 points! Her trait, interestingly enough, had gone up after the intervention session by 5 points. Her Zung SDS was relatively unaffected. It dropped by 2 points after the balancing session and increased by only one point after the tragedy. Another woman got a new job for the first time in eleven years, and yet her STAI score only went up by three points from Post-session to the One-week after session data point and it was still 7 points lower than the Pre-session score. Her trait was also reduced from the Pre-session by 7 points and her Zung SDS score dropped by 8 points from the Pre-session.

#### Group 2: Immediately after Education Session Period 1

Fourteen out the forty-three subjects said they felt the "same" with no other comment. The other twenty-nine reported that they felt some changes from when they came at the beginning of the session. As a whole, the answers that were given by this group were brief when compared to the intervention group. One woman commented that the dowsing demonstration and learning, helped her feel less vulnerable. Generally, this group felt the same or they felt stimulated from the new information that they had just received. For many of them, it was a different way of viewing their lives and it gave them a fresh out-look; another woman remarked that she felt enlightened and understood more what was going on with the way she felt, which meant she would be open to change. When another woman connected her physical symptom to her emotions by

thinking of something sad, as requested by the investigator as a part of the dowsing experiment, her nose “un-stuffed.” The words chosen by the control group, were similar, but did not occur with the same frequency as the intervention group (refer to table 23). There was also disappointment expressed by two people that they did not receive the energy balancing. Eight expressed that they were somehow inspired with the information they had just heard. Another woman wrote that she had such a relaxing bath just before she filled out her Post-session questionnaire that her STAI score dropped by 16 points. It did return to the Pre-session level at the One-week intervention data point.

#### Group 2: One-Week after Education Session Period 1

There were two (compared to five in the intervention group) who wrote unsolicited positive comments on the one week questionnaire about how they were feeling. One woman commented that her goal was to connect to her inner strength. Something was triggered with the investigator’s expression “Root/Time Event?” She said that because she knew that there was a reason for why she felt how she did, that she now saw that she didn’t have to feel that way any more!” One subject had a positive experience just prior to the One-week data point which may have contributed to her lower STAI and SDS scores. She got a new dog and her state scores dropped by 14 points from the Post to the One-week; her trait by 6 points and her Zung SDS by 23 points!

## I2. Verbal Feedback: Group 1 Body Harmonization<sup>©</sup> Session

### Group 1: Immediately Following Period 1 Body Harmonization<sup>©</sup> Session

(The full account of each of the procedures are included in the appendix J and can be found under the Body Harmonization<sup>©</sup> Write-ups.)

#2 “Higher energy; Heartburn;”

#4 “I feel good. Still feeling not quite grounded; euphoric; alert; no gut pressure; I feel very positive.”

#6 “I feel really good. I do feel lighter. My mouth feels good. I feel I have some good energy.”

#8 “So much better!! I am grounded! Experience with (symbol of ‘mirror’ told me the answers are inside. I feel hopeful.” And two weeks later: “Real changes. I see everything much clearer. I am believing in myself. I use the mirror.” (Mirror was symbol in visualization during Inner Counselor part of session.) “Earache and toothache disappeared! The mental fog was gone as well.”

#10 “I feel zonked. I feel I will process this.” And one week later: “I found my session with you very potent.” (After intervention session before 1 week questionnaire, had news of friend’s son murdered.)

#12 “Throat more open. Little dazed; sadness in relation to my parents not coming with me doing the work;”

#14 “Aware of thinking; I feel relaxed; mentally more relaxed on one level but feel a bit stirred up ‘cause my pattern is not to feel.”

#16 “I feel vivacious and vibrant. A great deal of freeness through the throat; new awareness in the brainstem; (Energy Medicine Trained)” And one week later: “brain stem feel greatly relieved; neck soreness still present. Much clearer mind; pain and anxiety greatly relieved; neck pain – wonderful—past week was feeling better—some good news. Some self-doubt and worry;

#18 “Definitely more relaxed. Relaxing;”

#20 “More grounded; deep voice; emotionally more peaceful; feeling in my head and behind my eyes that is different (positive); legs feel lighter; stronger.” And one week later: “I have felt more positive and energetic and better able to cope.”

#22 “Calm! Everything relaxed out.” And one week later: “Today was the first day of a new job and I haven’t worked in 11 years.”

#24 “Feeling more confident; Happy; more peaceful. Being there is the important thing.” (Spouse has multiple sclerosis.) And two weeks later: “The last week has been stressful as my life is normally –A lot of work pressure and a lot painting to complete at the house so that we could install the carpets this past Monday—but I got it done and I felt calmer and less frustrated even though I had to do virtually all of the work myself. (I was just as tired but I can feel myself getting more frazzled frustrated and tense as time goes on and as there are more deadlines and challenges to handle –( I know I am less tense, frustrated and uptight than I was before your treatment. And that is more calm than I have been in months.) Thank you.”

#26 “A lot better; a lot more relaxed. Much more at ease; Bemused; food for thought; Real eyeopener. A huge aha! You mean all the time, I’ve been angry with myself, this has been anger with my dad!”

#28 *“Lot lighter; less blockages. More symmetry; More clarity, less confusion. Freer; Connectedness and groundedness. Energetically balanced.” And one week later: “Dear Karin, I would once again like to mention my gratitude for the energy work done on Saturday. I am processing from the treatment as I’m writing to you, yet I know that when the storm weathers light and love will shine through. Sent the second questionnaire on Sunday!”*

#30 “Harvey Steel, thank you! I am not in pain. Feeling pain of muscle finally letting go; Pain is diminished and I feel relaxed. There is a quickening around my heart. Heightened awareness around my ears;”

#32 “I feel much more relaxed. My head feels bigger –so much space as possibilities. Lighter in the back of my head and shoulders;” And one week later, “I was like a bird that learned how to fly that day.”

#34 “Much more peaceful; I need to pee. I don’t feel as anxious. I am still processing energy. More hopeful;”

#36 “Feel like a puddle. I could flow out the door. So much tension is gone from my body. It’s amazing. Lots of tingling on my thighs and legs; Jelly legs.” And one week later, “My body feels stressed with a cold that won’t go away. I get a little frustrated and anxious when I don’t feel 100%.”

#38 “I feel like a lot of my system is clearing. My head was full of stuff. It feels calm and quiet. Eye feels best since I don’t know when. My neck doesn’t have grip on any more.”

#40 *“Lot more calm and peaceful; like I could go and sleep. My head doesn’t feel as foggy. Breasts totally changed!!! Is that possible! (Were very sore;) Two weeks later:*

*“Amazing! I found myself opening up to thinking about things I wouldn’t have thought at all... to know I have other options. I did feel unsettled with what I found out. Clarity;”*

#42 “Taller, more centered and balanced; peaceful meditative state; voice is dropping; strong sense of peace; digestion feels different. Blood chemistry feels like it is changing.” (Energy practitioner.)

#44 “Exhilarated! Energy moving higher up in hip; energized. Feels like connection.”

#46 “I feel better. I can feel the wave vibration. I want to laugh.”

#48 “Much more relaxed and anxiety gone: fear of going to South Carolina. Really relaxed me and some of that stuff doesn’t.”

#50 “I am me again! Peace; euphoric;”

#52 “I feel calmer like I should go back to bed. I feel relaxed. My muscles feel more relaxed.”

#54 “Rested; Grounded; my leg is much calmer. I feel body sensation in upper body now. General vibration in chest, eyes and right leg; I feel like I am accustomed to feeling. Leg has a shadow of shaking.”

#56 “I do feel more grounded. Wonderful warm and tingling; It feels like armour has been rearranged. Validation in what I know to be true and a certain freedom in that;” And one week later, “WoW! Increase in energy. –Major boost. Also many situations came together for more clarity. A huge thank you for your generous gift Karin.” (Energy Medicine Trained.)

#58 “Little more calm. Feel optimistic that some sleep disturbances have been mover. Never slept more than 7 hours.”

#60 “*A lot lighter; my head feels clearer. I don’t feel as worried. Neck feels lighter. Overall lightness;*”

#62 “*I feel energized and happy. Don’t have the strong feeling in my throat when I came in.*”

#64 “Relaxed; calm with renewed enthusiasm for life; spark for living; body smooth.”

#68 “Physically smoother and more fluid; Neck moves more easily. Vision feels blurry.” And two weeks later: “My vision cleared after 12 hours. It happens when I have a massage too. My emotional issues are clear.” And three weeks later: “I wish I could do another questionnaire now. I feel even clearer.”

#70 "More relaxed, comfortable focused, relaxed; more assertive in my thinking of me; Food for thought. I need to be more proactive."

#72 "I feel different; stronger; inner-strength; light-headed; less weight in head; energy moving;"

#74 "Really light almost spacey. Good connectedness with my Higher Power."

#76 "Relief, lightness; Much lighter; Pressure across face isn't there. Stuffiness is good."

#78 "I feel really relaxed; back feels better; relaxed; spacey."

#80 "Tired; back better; knee and neck better; Headache still; I feel much lighter. Sadness isn't sitting there." And one week later, "I have to say that today-all day-I felt a shift; something that very recently bothered me didn't. I managed to see it in a very clear way as well as seeing my relationship to it much more clearer and positive way. (I just hope it sticks!) Thanks."

#82 "Better clarity, energy; ability to take care of myself to choose whom I help with and strength to draw from my inner power."

#84 "Much better; lot more focus on what I am going to do; Stronger; I saw a harp and had a harp given to me that helped me. Sense of resolve; Ready to move on; Excitement; don't feel as worried about that man. I can deal with it."

#86 "A lot better than when I got here; I feel calmer, comfortable; relaxed, less tense, quite content. Very relaxed;"

#### Group 1: One-Week after Period 1 Body Harmonization<sup>©</sup> Session

"One week later and I am still feeling shifts occurring in my body."

"I feel a lot less tense. Even though I have problems it's, "Hey, who cares!" All those years I was angry at my self, I was angry at my Dad!"

"I can't believe how much better I feel. Now I am back from my trip; (and am) in my body for the first time in 18 months. I am grounded now."

"I feel more positive in general."

#26 "I have felt much more at ease with myself in the past week in part at least because final exam grading is over."

#36 “My body feels stressed with a cold that won’t go away. I get a little frustrated and anxious when I don’t feel 100%.”

#42 “Life is good. Health is good. Emotions are clear.”

#44 “It’s been a busy week and I just did it without being bothered by my stress. Elbow pain is getting better every day.”

#64 “I attempted this week to reconnect with a friend with whom I have had an extremely challenging and tough relationship with recently. It was a tough thing to do but it has had a very positive effect on me already.”

#70 “I seem content to ‘let it be’ and not see things as my problems.”

#### **Group 1: Two- weeks after Period 1 Body Harmonization<sup>©</sup> Session**

“It gave me the information I needed to do my therapy. I have a big weight lifted off.”

“Wonderful. Feeling better; much clearer mind; Pain and anxiety greatly relieved. Same stresses and pressures but I feel clear and content and satisfied.”

“Although I still have many stresses I feel I am better able to cope.”

“My vision cleared after 12 hours. It happens when I have a massage too. My emotional issues are clear.”

#### **Group 1: Three-Weeks after Period 1 Body Harmonization<sup>©</sup> Session**

“I still feel lighter three weeks later.”

“The scores went down on symptoms three weeks after the balance questionnaire was submitted.” (Refers to Concerns baseline scale.)

“Despite what is going on I feel energized and my back still feels better. (Eighty-two year old mother is in hospital with pneumonia.)

#68 “I wish I could do another questionnaire now. I feel even clearer.”

#### **Group 1: Four-Weeks after Period 1 Body Harmonization<sup>©</sup> Session**

“I still feel lighter.”

## Group 1: Six to Ten Months after Period 1 Body Harmonization<sup>©</sup> Session

#2 *Did not complete questionnaire. Scores were not included in tabulation of results.*

#4 “The verbalizing was helpful. Our body knows our intent. I felt the treatment prepared body for changes. Bring the body and mind into harmony.  
I feel less content because I want to make changes.”

#6 “Pretty calm. Happy. Very powerful. Decided to stop doing what I was doing. The balance was a catalyst.”

#8 “Profound experience, is the only word I can use. It lasted until the middle of February. It helped me so much. I am able to cope more easily and draw my strength from within.”

#10 No comments.

#12 “I felt a freeing in myself after the feelings were identified.”

#14 “Feel similar, but perhaps more relaxed. I found I was thinking more about the past and I was unsettled for about a week.”

#16 “It was great. Greatly improved for 2-3 months. Low level pain was gone. Ability to think was greatly improved. Relapse after 3-6 months. It collapsed after a trip. Now I have bouts of dizziness.”

#18 “I certainly felt different. Calmer. Not sure exactly how. Experienced a feeling of being nurtured that lasted a couple of days.”

#20 “I have become more open, more aware of my body, more spiritual. My depression is less and my anxiety is less. I have become a different person aware of body. Emotional.”

#22 “I seemed more relaxed for awhile but it didn’t take long for me to get back to where I was before I came and also my sense of smell became very sensitive to some things.”

#24 “I remember feeling a lot calmer after the session. Calmer during higher stress that night. No long term changes because back into day to day crap. You get so wrapped up...calming influence just doesn’t last. Would have been tremendous to be able to come back.”

#26 “I did feel A LOT BETTER about myself since we worked.”

#28 *Did not complete questionnaire. Scores were not included in tabulation of results.*

#30 “The last session led to Larry. There has been a shift in the chronic cough, allergies. Larry or Karin or both?

#32 “Roller coaster effect!”

#34 “Numerous! New job starting—good closure with the old. Ready to move house. Clean”break” with some old energies. Ready to begin a lot of new things. Saw compassion for \_\_\_\_ (name). Felt heart grow. Started speaking up.”

#36 “Felt dazed on leaving. Remember able to move neck freely. That was new for me. Wheat sensitivity with headache is not as debilitating. I didn’t have a big headache.”

#38 “The problem is subsided. I have done other energy work, chi gong and meditation. I changed my behaviour.”

*#40 Did not complete questionnaire thus scores were not included in tabulation of results.*

#42 “It felt good. The redness in the skin lessened. I was less attached to self-concept.”

#44 “Life was easier. It was an attitude change. I didn’t want surgery. The change was that I could decide for myself to have the surgery. The night time urgency did not change until surgery. The depression lifted after the surgery and TT. It was difficult to sort out what the other techniques did. The TT distance work.”

#46 “The elbow got better 2 months after I took time off after Christmas. The session helped. It gave me mental clarity for problems that existed at that time.”

#48 “Sinus...had none since last balance. It went away right away. The chest cold was gone. The anxiety around Christmas was better. Family Christmas was great. Ankle pain was gone instantly and it never came back.”

#50 “Last session, the pain went away the next day and stayed away. I can weight lift right bicep. It attracted wonderful things...health, vegan diet, confidence is higher and higher.”

#52 “Don’t remember anything....remember the muscle and joint helped.”

#54 “No recall of time after balance. Saw Larry and other practitioners. Now left arm shaking. EEG and bloodwork ...”

#56 “Wow! --where to begin. MAGIC. Larry, you and Larry totally changed my life.”

#58 “Last balance? Don’t remember. I am sleeping ok now. Working with allergies with another BOS<sup>TM</sup> practitioner.”

*#60 Did not complete questionnaire thus scores were not included in tabulation of results.*

#66 "Calmer, overall; Reactions weren't quite as frenetic till June (7-months later). Fell apart with news of closing school."

#68 "More clarity, calmness"

#70 "After session, 24- 48 hours I had a more lasting feeling of calmness and centredness. I felt like I went back to a previous state."

#72 "Initially felt calm and at peace. An inner calm till past month. The knot in my stomach is much better till recently. Now I am noticing some increase in anxiety levels."

#74 "I really enjoyed your treatment last fall. I felt peaceful. Neat connections. My hip pain didn't go away right away, but then got better. My hips and knee have been much better. Using my support of my guides and angels more. Inner knowing I was doing too much."

#76 "Greater insight into myself—accepting that things are. Being grateful for what I have. I felt it was really important issue. I have not dealt with reality. I don't get pain when I see others with child. I saw Larry Steel and my ear is improved."

#78 "Calmer. Little more focussed. No changes. The kidney stone passed with medical intervention. The lower back is good. It got better after last balance."

#80 "More peaceful. Remember I did feel better afterwards. Not so anxious. Maybe it just allowed me to go where I need to go. Back problem was the same. Changed jobs and that got better. Came to the Lord in January. Did that have anything to do with the session? I don't know."

#82 "Last session...since then, I feel like I can let things come and not let them harm me. I let other people own their own stuff. This is lasting until the present time. (9 mos.) I have acceptance. Confidence. Moving forward with family issues. Personal peace. I am more clear. I can release and cleanse more quickly."

#84 "Lots of positive changes. Made new friends. Feel more content and satisfied with being in Guelph. Funny, you know my father with whom I had been quite estranged, called me after that session you did with me which was a generational thing...!"

#86 "Was in a pretty bad state. Last balance and other things helped...relaxation; meds; reading. I felt good when I left. I had an attitude change."

### **13. Verbal Feedback: Group 2 Body Harmonization<sup>©</sup> Session**

#### **Group 2: Immediately Following Period 2 Body Harmonization<sup>©</sup> Session**

#1 Did not return for the Body Harmonization<sup>©</sup> Session in Period 2.

#3 “Deep relaxation. Inner peace is not a theory, but attainable. I feel much more centered. Not so splintered. Like something has coalesced inside. Whole body relaxed...soft and squishy instead of taught.”

#5 “I feel better. More aware. Awake. I was fine. Now I am alert, tuned in fine. My mind is clear and I remember with ease. The insight I got was the “greed” piece. That felt so true. It was a selfish thing. It helped to get those words. Plagerized. Which helps me to understand so now I can journal. Take all from whomever and not give credit.”

#7 “I am good. Back feels quite a bit stronger. I am lighter. My tears when I am able to cry are allowing darkness to leave. Less anxious. More hopeful. Strength of my hope. I need to look from and with my heart.”

#9 “My head feels like it is repositioned. Heightened energy everywhere. Something has let go in the jaw area. I feel connected. It feels nice. I feel good. There’s a more connectedness through my whole body. More of a centre.”

#11 “Still a bit out of it. Body settling down. Shifting. Just a peace. Stuff been shredded off.”

#13 “I feel calm, rested, refreshed, excited. Anxious to try this out on Monday. I feel that 3 year old part is pivotal in my healing. You can’t help but feel something. WoW! This covers all levels, physical, emotional, mental, and spiritual!”

#15 “I feel lighter. Don’t feel it behind my eyes. Right side glands better and left ear is slowly draining. I don’t feel as much emotional concern. That is just how that person is. Not as bothered.”

#17 ““Feel okay. Relaxed. I do feel peaceful. I don’t know exactly how to say it...a lot different.” “I have visualized and continually thought about my fear and the shape I gave it (bowling pin). I feel like it left my body but continues to hover very close to my external body. It seems like it doesn’t want to leave or I am not ready to let it leave.”

#19 *Did not return for the Body Harmonization<sup>©</sup> Session in Period 2.*

#21 “Feel okay. Relaxed. I do feel peaceful. I don’t know exactly how to say it...a lot different.”

#23 "Much more relaxed. Calmer. Not as angry any more. Not as stuck. As I was lying there, I figured out how to manuevre the day by putting one thing aside. Intellectually, I knew there was a difference from how Larry works. There is so much more with emotions and history."

#25 "Light-headed. More aware. I would think stronger to face my issues with daughter. During the session, it was almost as if the Lord was talking to me. 'Don't worry. She'll turn out. Her lifestyle will be honourable.' I believe that. Then I can trust her again. I think that one day she'll come. It rebuilt the trust in my faith because you lose sight. THANK YOU. You can trust your inner wisdom. Kinda gives you inner peace. I have inner strength to hang on for the ride. Quite an adventure. Feel very relieved."

#27 "I feel good. Relaxed and that is not a usual state! I am amazed at what you've discovered...my heritage! It's amazing! Wondrous! Feel different through the throat chest area and shoulder and rib.

#29 "My gut feels happy. This whole area (abdomen) is a new home. This is magical. I have wanted this so long and didn't even know it! Wow! I can't even compare. Light. Airy. Vibrant. Connected. Integrated. At peace. My gut feels healed and whole and open."

#31 "Much better. Much more relaxed. Tiny bit in right trapezius area. Lighter! Mind is at ease. Bit crampy—like period will come. Just LIGHT! Very light. Spacey almost.."

#33 "I feel more control. More in touch with myself. More aware."

#35 "Little numb. Not as clear. Little foggy. Bit sad. Need to go cry."

#37 "Little more relaxed. Warm ears. I usually get them with stress, temperature change. Emotionally, I am more at peace. No change in my skin."

#39 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#41 "Much better. Very relaxed. Have been jittery. General feeling of ease."

#43 "Symbol amazes me. Feeling wonderful. The reassurance I am asking for. I am confident."

#45 "I think I feel lighter emotionally. Excited to see what next week brings. Sinuses feel clearer physically."

#47 "Much more relaxed. Less anxious. Right now I don't care what happens to the world. More at peace. Ok go with the flow."

#49 "Very at peace. Relaxed. Moved. Moving slow. Very grateful. Little stunned."

#51 "I am very grounded. Gurgling in my stomach stopped. Feel energy flowing really easily up and down through my body. I no longer feel discombobulated. My neck feels like it was physically manipulated like a post-chiropractic adjustment.. I am grateful. I want to stretch my wings. Emotionally, deeper, deeper calmer state. Anxiety gone around colleague gone. I feel excited about the move—YES!! I am clear in my career focus. My marriage is just so great!"

#53 "More awake. Much less angry. Frustrated, happy. More in control. Very at peace. Accepting. It (situation which I was so angry about coming in) is what it is. Very neutral with a smile added to it. My throat is the same. It was interesting to see a different way of doing BOS. Thank you."

#55 "Just on top of things. I am not sure I have a care in the world at the moment. No aches or pains. Back of the legs a bit. Energized."

#57 "I feel good. I do feel ready to move. I feel great. I feel more in my body. Starting to make connection in body with carbohydrate addiction. I am going to know my body by being in it.

I feel more in my body. I feel lighter. I feel a really wonderful with visulization."

#59 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#61 "Wow that was really powerful. Wonderful. I feel like I have had surgery. I feel very different. I feel like hugely lighter and fuller and emptier at the same time. Chest feels better."

#63 " I feel more relaxed and more alert. Sense of being more calm, more relaxed."

#65 "I definitely feel a lot better. My eyes aren't as tired. Definately, feel more energetic. A lot lighter. My heart doesn't feel as heavy. Still sore but I definitely feel a lot more flexible physically. Thank you."

#67 *Did not return for Body Harmonization<sup>©</sup> Session*

#69 "I am not sure I will ever know. Whole experience is amazing. Confirmation of "passed sister, stuck" was huge. Releasing G\_\_\_\_\_. Ache in the left shoulder. Light headed. Lighter. Top of head feels like it is open wide. Feel huge intensity in my chest." One week after: "Exhaustion seems to have increased. Grief comes over. My knees have stopped working. It is hard to walk and it is painful! Very busy mentally. Hopeful spiritually. And in awe of the session. Offer on house. Hard, hard decisions re: financing. Lot of physical work on new house and neck pain with it. There is an offer on my house on condition of financing."

#71 “Fine. The same.”

#73 “I feel relieved. Lighter. Knowing. Thank you!”

#75 *Did not return for Body Harmonization<sup>©</sup> Session*

#77 “Really spaced out. I feel very relaxed. Good. A bit spacey. Very good. Much more relaxed. Leg bit warm. Peacefulness.”

#79 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#81 “I feel lighter. Tightness in Solar Plexus is gone. My head feels light. Feel like I’ve just woke up from a good sleep.

#83 “Holy mackerel! My bladder is really full! Whoa! That is truly amazing! I feel lighter. More like I’ve got this sparkle coming off my shoulders. Neck not that tight. I am just calm. I thought I was calm when I came in but now I am calmer. That was great! I’ve never had a collage of colours like that before. It was most enlightening.”

#85 “I feel lighter. My steps are bouncier. There is a weight off my shoulders sensation. I am clearer. I don’t feel my skin. I didn’t think that there was a weight but I feel lighter. Body overall feels different. After this exercise, I think I could make a decision about anything. And I am amazed. I am balanced and this would be the right decision in this present time.

#### Group 2: One-Week after Period 2 Body Harmonization<sup>©</sup> Session

#1 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#3 “My throat feels less constricted; not so emotionally tense; not obsessed by thoughts; feel more grounded; felt over-all terrific feeling of well-being after session which has continued except for a few minor upsets.

#5 “My eye is better. I’m more confident about my exam, more happy about some work.”

#7 “My moods are stable and balanced. My mental outlook is positive and clear. My connection to God is strengthened.”

#9 “More grounded.”

#11 “I got into an ELEVATOR!! And wondered whatever could I have been nervous about. Haven’t tried a plane yet! Sleep great. Change in dreams (from dreams of abandonment and rejection.)! I found the session brought up a lot of processing in my

body, huge shifts and I went on a fast 4 days afterwards which I am still on now. Excellent changes for me on physical, emotional, and mental levels.”

#13 “Less intestinal upset. Calmer and more confident. More rational thinking. Hopeful.

#15 “Cold, allergy symptoms gone! WoW! More comfort with my gifts and how I use them to serve—greater ease when thinking about my friend’s unkindness to another. I can accept that other’s have challenges too. Use/practise blue/white light ball of trust when lighting up chakras.”

#17 “Headaches—sinus almost daily since. Very emotional. Crying often. Thoughts and feelings from the past coming up.” (See Group 2: 5 weeks After Body Harmonization<sup>©</sup> Session.)

#19 *Did not return for Period 2 Body Harmonization<sup>©</sup> Session.*

#21 “I have visualized and continually thought about my fear and the shape I gave it (bowling pin). I feel like it left my body but continues to hover very close to my external body. It seems like it doesn’t want to leave or I am not ready to let it leave.”

#23 “ Less stomach pain. Much more fatigue.”

#25 “It is a little easier to look at my life’s concern more clearly and feel good about my decisions.”

#27 “I feel optimistic. My spiritual path is clearer.”

#29 “More balanced and integrated. Lighter. Brighter. The heaviness of old emotional baggage is dissipating. Don’t get stuck as much. There is movement...a flow.”

#31 “The session grounded me. I feel more centered as a person and able to deal with life more effectively. Physically: a weight has been lifted! Thank you. I am grateful. I did get my period after the session and I am sure that was what was making me crazy among other things. I’m doing much better in all aspects of my life. Thanks.”

#33 “I feel that I meet the eye of strangers, maintain contact and smile more often. Today I had a very down day. We had a dinner party; one couple didn’t show (last minute call) My 2 year old son not feeling well, not sleeping/eating well.”

#35 “After the session, I felt like I connected to a previous life and I longed to be in that place and time as there was something that I needed to take back with me.”

#37 “Long week due to power out.”

#39 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#41 “Immediately following the session, my headache became more painful but went away completely later in the day. I’ve been feeling MUCH more at ease, very grounded and okay where I am. I also feel lighter and have more of a sense of belonging in the world.”

#43 “I have been less disturbed about things I would normally worry about and really felt much calmer mentally.”

#45 “I had a stiff neck for 1-2 days. I’m back to having a better outlook on life and can find gratitude again—more clarity on weight issues. Work issues around power failure.”

#47 “Not as much concern over ill family members. Not so many “hot” periods.

#49 “Hormones feel more balanced. Level of stress is down. Not so overwhelmed. Calmer. Feel held by spirit. Gentleness of Mary with me. The words “It’s OK,” are with me often. Just don’t feel as stressed out by things! Thank you Karin! Feeling grateful!”

#51 “Overall, I feel ‘elevated’ in all areas. Perhaps mental would be the lesser of all, but still mentionable.”

#53 Completed questionnaire after two weeks in error.

#55 “After 3 days, I stopped my inhaler and my cough had almost disappeared. Was not as deep. Was not dribbling as much.”

#57 Had no comments. Did comment 2-weeks later.

#59 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#61 “I felt that my chest was clear and all other physical complaints eased, immediately after the session. During the week, they came back (esp. the cough) because (probably) of the pressure of the project I am working on. However, I have felt an increase in energy level, even though I am under stress.”

#63 “Pain in left flank disappeared. General feeling of lightness, calmer. Sick for past two days with a bladder infection. Feeling fatigued and uncomfortable. Heavy workload.”

#65 “Immediately after, I felt almost euphoric, but over the last week, I have slid back quite a bit. Just a lot of crap at work. I am beginning to have serious doubts about this new job. The past week has been a VERY stressful and I am just hanging on by a thread. However, I have noticed a subtle increase in my desire to connect with the spiritual side.”

#67 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#69 One week after: “Exhaustion seems to have increased. Grief comes over. My knees have stopped working. It is hard to walk and it is painful! Very busy mentally. Hopeful spiritually. And in awe of the session. Offer on house. Hard, hard decisions re: financing. Lot of physical work on new house and neck pain with it. There is an offer on my house on condition of financing.”

#71 “No changes.”

#73 “Somewhat calmer and less stressed feeling.”

#75 “Somewhat calmer and less stressed feeling.”

#77 “More relaxed physically. More positive emotionally and physically.”

#79 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#81 “I’ve felt a bit less tension in the abdomen.”

#83 “I have been very happy and uplifted all week. Co-workers keep laughing at my attitude! Very, very little physical pain and a great deal of energy. Have felt wonderful. Have a great sleep at night. Great week! High energy. Great sleeping. All round wonderful except for loss of power Thursday which was unnerving.”

#85 “I feel rejuvenated.”

#### Group 2: Two Weeks after Period 2 Body Harmonization<sup>©</sup> Session

#53 Two weeks after: “Less frustrated with things that I have no control over, but slightly more irritable.”

#57 Two weeks after: I don’t have any particular memory. A lot of stress that has not got to do with my session. TONS of personal family stuff going on. BIG stuff emotionally for couple of days. Bit more balanced.”

#### Group 2: Five Weeks after Period 2 Body Harmonization<sup>©</sup> Session

#17 “I was not feeling well after two weeks. I went to Reiki once a month. This session is more dramatic than other treatments. Not sure I liked it. It is in your face. Never had such a strong emotional ...too overwhelming. But my sinuses...they got better. I had problems with sinuses 18 years ago. ...allowing me to feel those emotions. Used to shut them down. ...lots of shouldering. It is a pretty powerful tool! Messages from the body to know our mind!”

### **13. Verbal Feedback: Group 2 Education Session**

#### **Group 2: Immediately Following Period 1 Education Session**

#1 “*Same*” Did not return for Body Harmonization<sup>©</sup> Session in Period 2.

#3 “Enlightened; I feel I have connected to my inner strength. I got a piece of it. I am not as anxious. Nausea is gone.” (One week later: “Shift in attitude and feeling more at peace.”)

#5 “Even more settled. Can feel energy in my body better; more conscious of my body;”

#7 “Much clearer; Notice I don’t have the same restlessness. Breath seems steady. Not anxious about visit with friend. Bit of a headache.”

#9 “Calmer.”

#11 “Feel about the same.”

#13 “More relaxed. Not nervous about process. Confidence in how this could come about. I don’t want to wait till spring.”

#15 “Same.”

#17 “Pretty much the same as when we started.”

#19 “*Still indecisive; Feeling open. I am glad to have listened to this.*” Did not return for Body Harmonization<sup>©</sup> Session.

#21 No comments.

#23 “Less foggy; Bit more alert and energized; I have other options now.”

#25 “Very relaxed; more satisfied; Was curious. Now I know more.”

#27 “Same as when I came in. Stimulated mentally; Disappointed.”

#29 “I am re-inspired. I really honour what you are doing. I trust that body listening. I am just learning. I feel totally positive.”

#31 “I am awake. I am happy and smiling, well-informed, less tense, more pleasant.”

#33 “More hopeful; like going through a doorway and entering a new room;”

#35 “Basically the same.”

#37 “Same. Tension increased not doing anything for an hour.”

#39 “*About the same; bit more tense.*” Did not return for Body Harmonization<sup>©</sup> Session in Period 2.

#41 “Calm; different; more happy; calm; Was feeling shaken up over my work;”

#43 “About the same; my mind is going about 50 mph.”

#45 “I do feel hopeful. This is another door that has been opened; elated.”

#47 “Same.”

#49 “Dowsing and learning helped me to feel less vulnerable.”

#51 “I feel excited. I feel even. I feel even more elevated. Excited.”

#53 “Fairly similar. Does help to have a better understanding.”

#55 “Feel a little brighter. It’s going to be a good day.”

#57 “Very relaxed; pleasant; nice energy; Much more connected to intuition.”

#59 “*More relaxed; Breathing has settled. I think this is something I should look into. I think the healing should come from within.*” Did not return for Body Harmonization<sup>©</sup> Session in Period 2.

#61 “Head feels full. Stimulated; did not understand. Some frustration to ask; more comfortable because I didn’t know what you do; I’m disappointed I didn’t get the balance.”

#63 “Little more tired. About the same.”

#65 “Better, a little lighter somehow.”

#67 “*More energized. Culture shock; all these ideas spinning in my head; I feel I absorbed what you said. I am ready to take another step.*”  
Did not return for Body Harmonization<sup>©</sup> Session in Period 2.

#69 “Not in such pain. Top of head buzzing. I am more knowledgeable. Very interesting. Much of it fits with what I am doing. My work has different concepts. It is much less developed than this. (Energy psychology: Emotional Freedom technique, Thought Field Therapy).”

#71 “The same.”

#73 “Enlightened and excited. Positive that I’m going to be okay.”

#75 “More comfortable; Safer; More at peace with my decision;”  
*Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#77 “Same. Feel all stimulated; feeling of well-being. Know how everything fits together.”

#79 “Less nervous; Anticipation is gone. I understand more than when I came. I feel I know a lot more than I did an hour ago.” *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#81 “Same.”

#83 “Calmer. My nose unstuffed when you asked (to think of) my sad thought. I didn’t know it was stuffy.”

#85 “Enlightened; I understand more what’s going on with the way I feel which means I will be open to changing. Physically, different...wonderful; It’s me I don’t care.”

#### [Group 2: One-Week Following Period 1 Education Session](#)

(Only two who wrote comments on the one-week questionnaire.)

“My 18 year old dog is about to die.”

“I have no doubts about inner crap detector.”

“Much more darkness in my life;”

“Neck pain;”

“I adopted a dog last week which really improved my outlook.”

#### [Group 2: Two-Weeks Following Period 1 Education Session](#)

“I feel awful. My cold got worse.”

#### [Group 2: Three-Weeks Following Period 1 Education Session](#)

“I just got the talk. I was so disappointed.”

“My goal was ‘I am connected to my inner strength.’ Something got triggered with your expression “Root/Time Event” I thought...Knowing that there was a reason why I felt how I did, now I saw that I don’t have to feel that way any more!”

“I bought a dog. I feel wonderful.”

“I feel great and satisfied.” (Energy practitioner)

### Group 2: Six to Ten Months after Period 1 Education Session

Did not complete questionnaires: #39, 60. (*Scores are not included in Results* ).

Did not return for Period 2 Sessions:

Group 1: Did not return for Education Session in Period 2  
#2, 28, 40, 62.

Group 2: Did not return for Body Harmonization<sup>©</sup> Session in Period 2  
#1, 19, 59, 67, 75, 79.

#1 *Did not return for Body Harmonization Session<sup>©</sup> in Period 2.*

#3 “Last time I had a personal crisis. I am seeing a BOS practitioner. During the information session, insights came. I was stunned by it. It was a springboard.”

#5 “More confident, more settled. I have acceptance of something I have no say in. I have seen a BOS practitioner and trained in Inner Counselor.”

#7 “Depression lasted from January till March. I did counselling, became a Christian, and got a new job. I saw Larry Steel.”

#9 “Don’t remember how I felt. The Education Session made sense.”

#11 “Not sure I noticed real noticeable changes. Felt a few shifts the days after though. Will go into an elevator on own and small room.”

#13 “Mad at the world. Wanted to quit job. Didn’t want children. Very blue and don’t know reason. Hormones? After last session...fingers were better. General feeling of well-being and peacefulness.”

#15 “After last Education Session, no difference.”

#17 “No changes. Doing TT, Reiki, Massage monthly and meditation. Finished Level III for Therapeutic Touch 2 months ago.”

#19 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#21 “Overall I feel less tense. I changed jobs. The Education Session made sense. It being all about energy fields.”

#23 “Don’t remember changes.”

#25 “Nothing.”

#27 “I am able to deal better with situations and not abandon. I see a BOS practitioner.”

#29 “Working with chiropractor, naturopath, reiki, TT.”

#31 “Disappointed. Felt more educated about energy work.”

#33 “Last education session felt positive for a while. Doing energy work and therapy.”

#35 “No changes after last session.”

#37 “Not feeling as much in control but not worrying about it. But I do not attribute it to the session.”

#39 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#41 “Same after the education session. Loved it. It made sense and was really interesting. No changes that I have noticed. I seem to have developed allergies since May.”

#43 “About the same. Maybe less stress in one area. Do TT, and see a BOS/BES/Inner Counselor practitioner.”

#45 “Last session, I remember thinking I was in a positive frame of mind. Interesting and hopeful. I believe in that. For a while things seemed to be better but lately very emotional and sad.”

#47 “I have been seeing Larry Steel for hot flashes.”

#49 “None.”

#51 “Last session I felt excited that someone else is doing this work. To finally meet you. What stayed with me was the dowsing. So simple. I could show it. I was calmer. I have been seeing Larry and another BOS practitioner.”

#53 “Felt same. Slightly more educated. Seeing Larry and another BOS practitioner and doing acupressure.”

#55 “More relaxed.”

#57 “Last visit felt more centred. More balanced. Feel better about self. More organized in work. Receive TT and Reiki.”

#59 *Did not return for Body Harmonization<sup>©</sup> Session in Period 2.*

#61 “Hard to say. I am feeling good! I did energy work with a practitioner.”

#63 “Some new pain. Trip to India gives different perspective. Seeing BOS practitioner. Receiving energy medicine work.”

#65 “Disappointed that I didn’t get the energy balance. No change. Quite impressive. The dowsing rods were impressive.”

#67 *Did not return for Body Harmonization<sup>©</sup> Session*

#69 “Neck pain still dominates over most concerns. Saw Larry Steel. Sister was dying and she has passed. Fell 1 week ago.”

#71 “Ups and downs. Periods irregular. Menopause.”

#75 *Did not return for Body Harmonization<sup>©</sup> Session*

#77 “Last Education Session was inspiring. Bolstered me. Validation of what I already believed. These are amazing things.”

#79 *Did not return for Body Harmonization<sup>©</sup> Session*

#81 “Very little.”

#83 “Think I felt calmer. More tuned to my husband. He was more open after the Education Session.”

#85 “Calmer. Last session made sense. Tied all the strings together. Car accident. Vulnerability.”

#### **14. Verbal Feedback: Group 1 Education Session**

##### **Group 1: Immediately Following Period 2 Education Session**

#2 *Did not return for Education Session.*

#4 “Enlightened...I enjoyed hearing this information and learning. I don’t feel resistant. I am in awe. My arm feels the same. After hearing this, I am even more sure of what I want to do.”

#6 "More relaxed. Head feels lighter. You made me forget about the job thing. Thankyou. Feel like I want to spend more time thinking."

#8 "I just feel excited. All this just gives me so much hope and strength."

#10 No comments.

#12 "More alert. More communicative and able to express better. But I feel the same."

#14 "Happy. Very exciting. During first session, I didn't understand. I like knowing what this is about. I like knowing what you did. I am not as tired. I want to go home and do my schoolwork because I am so excited."

#16 "Very interesting. Made sense. More settled. Fuzzy sense of contentment. I have headache that I didn't have when I came in."

#18 "I have been sitting with goose bumps. I am excited and intrigued. I feel more energized and enthusiastic."

#20 No comments.

#22 "A lot more relaxed. Nose still stuffed. I broke out in a sweat. A lot of information."

#24 "Pretty much the same. Perhaps slightly more knowledgeable."

#26 "A lot more relaxed. Understanding where those negative feelings are coming from."

#28 *Did not return for Education Session.*

#30 "Excited about work you are doing. BES. Perfect that I have done physical with Larry. Neck and back are still tight. I am excited about getting answers to questions."

#32 "Issues feel the same. Glimmer of hope reminding I am in charge. To see that it all flows. It is so simple. I am the same as when I came in but there is hope."

#34 "Much more settled. Not so yoyo-ish. More calm. Energy shifting around throat chakra. My right ear is clearer than my left. Cobwebby energy around eyes—old soul stuff. What you are doing with balance is clearing a lot of stuff so you can open the gates. We need the tools. Not necessary to go through all the mire. This is kind and faster."

#36 "Certainly a lot of information. Lots of questions and things to think about. I need to slow down and become aware of what is going on in my body, like the aches and pains there. I feel like the thighs I do still have a big impact. I can make a difference."

#38 "This is massive work Doc.! I feel really happy and up. Really positive. Big shift in my energy. Lynph is not nagging now. Slight headache. Clear and positive. Spending time with someone who does so much for the world fills me with hope."

#40 *Did not return for Education Session.*

#42 "Physically—same; Emotionally, I feel clearer; Explanations were very clear. It totally mirrors what I do. Just a different approach. Nice to see commonalities.  
(Practitioner of energy medicine.)

#44 "I feel like my head is too full. I am open mouthed and big eyed. I am impressed how this ties into what I already know. Validation. Churned up in solar plexus...I feel like I am dealing with old stuff from my childhood and it feels like it is being churned up and dispersing. I feel very relaxed. I have an aha about the High Self. I feel emotional power working through."

#46 "Fine. It was a refresher of what happened. More awareness and realization of awareness. Keep an open mind—like what wife-to-be does."

#48 "Same as when I came in. There are more options out there. I just need to keep looking. More I can do and learn and somehow there is a way. My mind is clearer probably because I have got more options in front of me now."

#50 "Excellent in clearing up understanding of the processing. I am relaxed. Really mellow."

#52 "Same. Bit tired."

#54 "Much calmer. Felt panic because shaking. Feel less panic due to your and your cat's presence. Confirmed that I am on the right track. More grounded. New tool. Notice belief system, interfering with healing. I can use that."

#56 "Great. Excited. And elated. Throat still feel mucousy. Brain feels more sparkly. Life feels more wonderful than when I came. Thank you for explaining. Now I know what Larry's doing."

#58 "About the same. Sinuses cleared. Throat is cleared."

#60 *Did not return for Education Session.*

#62 *Did not return for Education Session.*

#64 “Informed! Good. I feel fine. Not concentrating on self, so focus has shifted. Slight headache.”

#66 “I feel more peace; I was overwhelmed when I came. Now I am calm and more at peace...like the last time. I was quite agitated. I am whole.”

#68 “More mentally alert. I want to know more! I am in this place what happens next!”

#70 “Much I knew was there and there was much new enlightenment. More rested, calm, centred, focused, energized, more clear, not as tired.

#72 “Physically the same. Mentally—interesting and challenging. Emotionally energized by new things. Yes, I’d like to do this because it makes sense. I believe all three are tied together.”

#74 “Tired. Same. Thank you.”

#76 “Much better. Stopping moving. Able to sit and rest. I take deeper breaths. Glad I honoured my responsibility.”

#78 “Feel mentally more focused. Feel more enlightened. Came in, a whole lot blind. Maybe blinds off and I understand a bit more. It’s been great.”

#80 “Physically same. Your confession of your relationship with Christ sparked my interest. More curious. Because it is more of a scientific work, I put a lot in His hands. Some amount of apprehension, I do want to respect Him.”

#82 “More relaxed. Love your space. More relaxed in stomach. More relaxed with mental. I feel enlightened to trust my body and my senses.”

#84 “Sleepy. Everything else is the same.”

#86 “More informed. Calmer. I feel more ready to take on my daughter’s going away. It is necessary for her to do. I understand. I connected what is going on in a body is what she needs to do. She has to do things that way. Physically a bit better. ‘Cause I am less concerned, I am not as physically anxious.”

#### [\*\*Group 1: One-Week Following Period 2 Education Session\*\*](#)

*#2 Did not return for Education Session in Period 2.*

#4 “Was reminded of the processes that can balance our body and mind. I feel more positive about life and change in general.”

#6 “My body has been quite achy all week. Emotional. The stress and ups and downs of job.”

#8 “Emotionally stable—not feeling up and down all the time. Mentally in charge—I know where I am going and confident that I’ll get there. Spiritually awakened and many answers to sustain me.”

#10 “Sore, achy legs (2 days and nights) Feel as though I am about to burst—painful emotional pain in chest.”

#12 “More aware of spiritual self, energy around me.”

#14 “I have been very relaxed. Put my school stuff to the side for the week and enjoyed my time with my baby and relatives.

#16 “Greater thought activity.”

#18 “Nothing stands out vividly. The info session with Karin tweaked my interest which is in itself fairly uncommon at this point in my life. Feels good to know that I can be interested in life.”

#20 “I understand more about energy medicine and feel a closer connection with the universe.”

#22 “I can think about my problems without feeling totally overwhelmed. I’m not letting the stress take over my mind.”

#24 “None.”

#26 “Calmer. More relaxed. Less fearful of future.”

#28 *Did not return for Education Session in Period 2.*

#30 “I felt very buoyant for 2-3 days as well as calm and centered, like we’d had a practical session, energetic.”

#32 “I kept going over and over in my head the fact that people (and me in particular) continue to deal with life’s garbage in the same old ways when there are better ways of dealing with things. Confusion and frustration.”

#34 Continued to react a bit to the ragweed: itchy eyes and runny nose for 2 days. Initially felt more calm, but developed a toothache on Friday afternoon and was in lots of pain. Threw things off somewhat.”

#36 “Same.”

#38 “None.”

#40 *Did not return for Education Session in Period 2.*

#42 “Slight to moderate improvement at all levels.”

#44 “Itchy rash since Thursday afternoon.”

#46 “More thought on everything and analyze for the better.”

#48 “None.”

#50 “Feel more in control of emotions, mind.”

#52 “None.”

#54 “Connected and Calmer.”

#56 “more opening of throat chakra. More insight into the purpose of life. Lessons flood in daily. Some repetitions so I get the point.”

#58 “None.”

#60 *Did not return for Education Session in Period 2.*

#62 *Did not return for Education Session in Period 2.*

#64 “Sorry I can’t remember.”

#66 “More aware of my emotions.”

#68 “No comment.”

#70 “I felt more centered and spiritually awake.”

#72 “Felt energized after talking about treatment.”

#74 “Seem more connected. Gratitude. More at peace spiritually. My appointments have made me busier. I’ve been running with business but feel happier.”

#76 “I feel a bit emotionally fragile. Today is my daughter’s first day of grade 1. My thoughts are with her. No dramas this week. Trying to enjoy the last day of summer. Feel more balanced than when I saw you last week.”

#78 “Information session very informative.”

#80 "Very tired this past week."

#82 "Body seems to be healing and giving indicates for self-care i.e. headaches, digestion. Joined Weight Watchers for healthy diet."

#84 "None."

#86 "Calmer. Relaxed."

[\*\*Email from Group 2 Participant 7-months after Body Harmonization<sup>©</sup> Session\*\*](#)

March 2, 2004

Group 2

"Karen:

My first visit to you was an amazing one. I went to see you as a friend interested in your work as a healer. I knew you to be sincere, compassionate, talented and generous of spirit. I put my emotional self in your capable hands. I felt broken in ways that I was not accustomed to. I confided in you that I was struggling with areas involving self-esteem . There was some resulting depression and confusion as to how to deal with this. Your gentle manner and understanding helped to make me feel "safe."

My session involved your energy balancing work on my emotions, as well as a bit of past life and age regression. I remember visiting that wounded "inner child". You helped me to embrace her, love her, accept her. This gave me strength to face issues that I needed to resolve. After only a few months I was able to see that I was in control, that I was strong, that I had indeed given away my self esteem and needed to reclaim it. And so today I did. I know that your work with me was key in helping me to move forward to reclaim myself and become the person I knew myself to be but had lost. Thank you for what you did for me and what you continue to do for others. I shall always be grateful to you and realize that I was the one who had to do the real work necessary to "BE" all that I am... but needed your help to get there.

What you do is so valuable and so wonderful.. always know that you are the wind beneath our wings... guiding in silent reverence to lift us all to incredible heights and a sacred knowing of who we really are...

Continue dear friend with what you offer to our planet.....  
Blessings,"

#13

"P.S. You may use my name and quote any portion of this affirmation that you wish to. XO"

Email from Group 1 Participants 15-months after Body Harmonization<sup>©</sup> Session

#34 writes about #60 (15 months later):

“Dear Karin,

I was out with #60 this evening and we spent some time chatting about how our lives were going. She was saying how much your session with her had helped when she saw you for one of your research sessions. (15 months ago) She felt that the session facilitated one of the biggest positive shifts she has ever made in her life...within 3-4 days afterwards. She has been asking when you are back to seeing people, and I mentioned that you had said April, so I think she is hoping to come to see you again. She's at a critical point in her life I think, where things are beginning to come together and she would like to make some more positive changes. She feels that what you did for her in her session was so significant that it worked better than anything else she has ever tried. She would like to come back again for some more sessions. Coming from #60 that is high praise indeed, as she is not want to admit such things lightly!

#34 writes about herself (15 months later):

Dear Karin

My first session with you came at a very opportune time...the universe seems to have its way of helping to salvage things just at the right moment. Like #60, I felt a huge shift in my being during and after the session. And for that I am very, very grateful to you, both for your skills and for your sensitivity.

Best wishes. I'm sure your defense will go really well.

In Love and Light,”

#34

*#60 writes about herself (15 months later):*

*April 8, 2004*

*Hi Karin:*

*My mom has been keeping me up-to-date on your PhD. Congratulations! Two PhD's - you must be a sucker for punishment. :)*

*I don't really have words to describe the effect the last session had on me. I believe it saved my life, so thank you from deep in my heart. I was in a really bad state when I came to see you and after the session...something shifted and for the first time in a long time I saw hope and light. Thank you.*

*All the Best,*

*#60*

**APPENDIX J:**  
**CASE REPORTS FOR BODY HARMONIZATION<sup>©</sup>**

## J1. Case Reports for Body Harmonization<sup>©</sup> for Group 1

(Note: Italics indicates that subject's data was not included as he or she did not return for second session; or did not return questionnaires.)

**SUBJECT #2:** 40 year old female

**Therapy localize:** abdomen

**MAIN MENU:**

**DIGESTIVE Disturbance (BOS™):**

**Cause1->Spiritual: Foreign Energy (BAT™):** "Dear One"  
Balance.

**Cause2->Spiritual: Heart Chakra**

**Cause3->Spiritual: Past Lives: many times: Punishment**

**Cause4->Chakra Disturbance: Throat:**

**Emotional Issue/Quality:** Lack of strength.

**Need:** Strength

**Symbol of strength:** Spaceship

**Vibrational-> Spaceship to throat chakra.**

**Chakra Laterality.**

**Vibrational->Feverfew**

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Higher energy; Heartburn;"

(Did not return for follow-up Education Session.)

**SUBJECT # 4:** 51 year old male

**Therapy localize:**

**MAIN MENU:**

**RESPIRATORY Disturbance (BOS™)**

**Cause1->Emotional:** Page Erase (TBM™): 'Cut-off': Age 27.

**Cause2->Vibrational:** Need: Self acceptance. Offer to heart  
chakra.

**ALLERGIES/SENSITIVITIES (BOS™)**

**ENTRY POINTS:** Respiratory, Kidney, Bladder

**Cause1->Spiritual:** Throat Chakra

**Cause2->Allergy2:** (Complete balance according to BOS™)

**Cause3->Energetic Ritalin detox**

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel good. Still feeling not quite grounded; euphoric; alert; no gut pressure; I feel very positive."

**SUBJECT # 6:** 34 year old female

**MAIN MENU:**

**MUSCULO/SKELETAL (BOST<sup>TM</sup>)**

**ENTRY POINTS:** Prostaglandins, muscle, cartilage, arthritis, gout; Hormones.

**Cause1-> Spiritual:** Sacral Chakra

**Cause2->Emotional:** BES: EMCC: Organ: Discontent Present. Root-Time event: Discontent: Age 6.

**HORMONE Disturbance (BOST<sup>TM</sup>); Entry Points:** CNS, Glands, Neurotransmitters:

**Cause1-> Emotional: Page Erase (TBM<sup>TM</sup>):** ‘suppressed fear.’

Need: courage.

Healing symbol: water

**Cause2-> Vibrational:** water.

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in holding mastoid processes.**

**Comments immediately following Body Harmonization Session:**

“I feel really good. I do feel lighter. My mouth feels good. I feel I have some good energy.”

**SUBJECT #8:** 47 year old female

**MAIN MENU:**

**ALLERGIES/SENSITIVITIES (BOST<sup>TM</sup>):**

**ENTRY POINTS: Respiratory Anatomy**

**Cause1->Emotional: BES: EMCC: Small Intestine: abandoned.**

**Therapy localize:** forehead:

**Cause2->Emotional: BES: EMCC: Pineal: confusion.**

**Cause3->Emotional: BES: EMCC: Lung: longing.**

Need: fulfillment.

Symbol: Mirror

**Cause4->Vibrational: Symbol to root chakra.**

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in holding mastoid processes.**

**Comments immediately following Body Harmonization Session:**

“So much better!! I am grounded! Experience with mirror told me the answers are inside. I feel hopeful.” And two weeks later: “Real changes. I see everything much clearer. I am believing in myself. I use the mirror.” (Mirror was symbol in visualization during Inner Counselor part of session.)

**SUBJECT # 10:** 45 year old female

**BLOCKAGE:** 1<sup>ST</sup> Rib

**Therapy localize:** hip:

**Cause1-> Structural (Complete balance according to BOST<sup>TM</sup>)**

**Cause2-> Structural Holograph**

**Cause3-> Gall bladder:** Inflammation

**Cause 4-> Emotional: Page Erase (TBM<sup>TM</sup>):** discontent present.

**Inner Counselor:**

**Feeling Symbol:** Black sludge

**Need:** connection, acceptance

**Healing Symbol:** Angel

**Cause 5-> Vibrational:** Bach: Honeysuckle

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel zonked. I feel I will process this." And one week later: "I found my session with you very potent." (After intervention session before 1 week questionnaire, had news of friend's son murdered.)

**SUBJECT #12:** 33 year old male.

**MAIN MENU:**

**ALLERGIES/SENSITIVITIES (BOS™):**

**Cause1-> Allergy1** (Complete balance according to BOS™)

**Cause2-> Allergy2** (Complete balance according to BOS™)

**Therapy localize:** Throat; Sinus;

**Cause1-> Infection: Bacterial** (Complete balance according to BOS™ and BEST™)

**Therapy localize:** Throat Chakra:

**Cause1-> Emotional->** (Complete balance according to TBM™, BEST™.)

**EMCC: Organ Disturbance:** large intestine

**Emotional Issue/Quality:** Father's stubbornness.

**Root/Time Event:** Age 8 female's vengefulness.

**Cause2-> Vibrational->** Raven #109: Raven Blue to Heart chakra.

**Cause3-> Vibrational->** Healing symbol: Christ energy.

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Throat more open. Little dazed; sadness in relation to my parents not coming with me doing the work;"

**SUBJECT #14:** 33 year old female

**MAIN MENU:**

**STRUCTURAL Disturbance (BOS™):** Third cervical vertebrae:

**Cause1->Therapy localize:** Etheric Structural Harmonization.

**Cause2->Gall Bladder (TBM™)**

**Therapy localize:**

**Cause1->Emotional: Page Erase:** (TBM) Mother's Discontent

**Cause2->Emotional: Page Erase:** (TBM) Anger toward Dad

**Cause3 ->Vibrational:** Raven Essence: Golden Trumpet to brow.

**Cause 4->Emotional:** Age 7 at school?) Teacher: Dogmatically Positioned.

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Aware of thinking; I feel relaxed; mentally more relaxed on one level but feel a bit stirred up ‘cause my pattern is not to feel.”

**SUBJECT #16:** 52 year old male

**Therapy localize:** Throat Chakra

**MAIN MENU:**

**CENTRAL NERVOUS SYSTEM Disturbance (BOST<sup>TM</sup>)**

**Cause1->Parasite: Entry Points: brain anatomy**

**Parasite** (Complete balance according to BOST<sup>TM</sup>)

**Cause2->** Your Blood: Anti-DNA Organ Integration: Gall Bladder.

**Cause3->** Allergy to ‘self’

**Cause4-> Spiritual:** Past Life: fear of strangulation

Need: air.

**Cause5-> Spiritual:** Foreign energy

**Cause6-> Emotional:** BES: EMCC: mother adrift: age 3;

Need: care, acceptance,

Symbol: Angel

**Cause7-> Vibrational: Essence of Angel to heart**

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I feel vivacious and vibrant. A great deal of freeness through the throat; new awareness in the brainstem; (Energy Medicine Trained)” And one week later: “brain stem feel greatly relieved; neck soreness still present. Much clearer mind; pain and anxiety greatly relieved; neck pain – wonderful—past week was feeling better—some good news. Some self-doubt and worry;

**SUBJECT #18:** 48 year old female

**Therapy localize:** Fingers

**MAIN MENU: STRUCTURAL: Entry Points:** cartilage, gout, arthritis;

**Cause1->Emotional:** BES: EMCC: Organ: Lung: feeling ‘suffocated’

**Cause2->Vibrational:** Raven Essence: Sequoia to heart chakra.

**Cause3->Allergy1** (Complete balance according to BOST<sup>TM</sup>)

**Cause4->Structural:** Inflammation.

**Cause5->Vibrational:** Schleranthus

**Cause6->Vibrational:** Snap Pea

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Definitely more relaxed. Relaxing;”

**SUBJECT #20:** 45 year old female

**Primary Blockages Menu:** Sugar Control: Low blood sugar (TBM<sup>TM</sup>)

**MAIN MENU:**

**Amygdala Sugar Control:**

**Cause1-> BES: EMCC Organ:** daughter being “critical of her,”

**Inner Counselor<sup>TM</sup>:**

Feeling Symbol: Irregular white death ball.

Need: love  
Healing Symbol: Wise Self

**NEUROTRANSMITTER Disturbance (BOST<sup>TM</sup>)**

**CENTRAL NERVOUS SYSTEM Disturbance (BOST<sup>TM</sup>)**

**Cause1-> Spiritual:** Foreign Energy (BAT<sup>TM</sup>)

**Therapy localize:** Temples:

**Cause2->Emotional:** BES:EMCC: organ: stomach: Husband's lack of empathy.

**Cause3->Vibration:** Peace Warrior essence to heart chakra.

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"More grounded; deep voice; emotionally more peaceful; feeling in my head and behind my eyes that is different (positive); legs feel lighter; stronger." And one week later: "I have felt more positive and energetic and better able to cope."

**SUBJECT #22:** 42 year old female

**MAIN MENU: INFECTION: VIRUS (BOST<sup>TM</sup>)**

**Cause1-> Infection: Bacterial** (Complete balance according to BOST<sup>TM</sup>)

**Cause2-> Emotional:** Page Erase (TBM<sup>TM</sup>) 'Panicked'

**Therapy localize:** Neck:

**Cause 3->Emotional:** 'husband bossy present.'

**Therapy localize:** Forehead:

**Cause4-> Emotional:** panicked 'hurt'

**Cause5->Vibrational:** Nature Sounds essence to heart chakra.

**Therapy localize:** Neck

**Cause6-> Emotional:** Dad's edginess at age 7

**Cause7->** Essence of Nature Sounds to throat

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Calm! Everything relaxed out." And one week later: "Today was the first day of a new job and I haven't worked in 11 years."

**SUBJECT #24:** 54 year old male

**Therapy localize: Eye: Entry Points: eye anatomy**

**Cause1->BES: EMCC: Organ: Kidney: Anxious**

**Inner Counselor:**

**Feeling Symbol:** red blob

**Need:** peace, love and acceptance

**Healing Symbol:** Celtic cross.

**Cause2->Vibrational:** Celtic cross to sacral chakra

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Feeling more confident; Happy; more peaceful. Being there is the important thing." (Spouse has multiple sclerosis.) And two weeks later: "The last week has been stressful

as my life is normally —A lot of work pressure and a lot painting to complete at the house so that we could install the carpets this past Monday—but I got it done and I felt calmer and less frustrated even though I had to do virtually all of the work myself. (I was just as tired but I can feel myself getting more frazzled frustrated and tense as time goes on and as there are more deadlines and challenges to handle —( I know I am less tense, frustrated and uptight than I was before your treatment. And that is more calm than I have been in months.) Thank you.”

**SUBJECT #26:** 62 year old male

**MAIN MENU:**

**CIRCULATION Disturbance (BOST<sup>TM</sup>):**

**Entry Points: aorta, hemoglobin:**

**Cause1->BES: EMCC: organ: gall bladder: resentment:**

**Cause2->Spiritual: Scar DNA:**

Maternal/paternal: 7 generations.

**Cause3->Vibrational: heart chakra**

**Cause4->Emotional: BES: EMCC: organ: heart: secretive;**

**Therapy localize: temples:**

**Cause5->Emotional: BES: EMCC: organ: stomach: father's lack of sympathy at age 17.**

**Need:** connection

**Symbol:** Higher Self

**Cause6->Vibrational: Bach to heart chakra.**

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“A lot better; a lot more relaxed. Much more at ease; Bemused; food for thought; Real eye opener. A huge aha! You mean all the time, I’ve been angry with myself, this has been anger with my dad!” And one week later: “I have felt much more at ease with myself in the past week in part at least because final exam grading is over.”

**SUBJECT #28:** 38 year old male

**MAIN MENU:**

**NEUROTRANSMITTER Disturbance (BOST<sup>TM</sup>): dopamine, histamine, serotonin, malvin**

**CENTRAL NERVOUS SYSTEM Disturbance (BOST<sup>TM</sup>): Amygdala. Cerebellum. Limbic system, RNA, DNA, Thalamus.**

**Cause1->Spiritual: Foreign energy:**

**Need: Connection with God**

**Symbol: Perception of God**

**Cause2->Vibrational: Raven 187: Birth Essence**

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Lot lighter; less blockages. More symmetry; More clarity, less confusion. Freer; Connectedness and groundedness. Energetically balanced.” And one week later: “Dear Karin, I would once again like to mention my gratitude for the energy work done on

*Saturday. I am processing from the treatment as I'm writing to you, yet I know that when the storm weathers light and love will shine through. Sent the second questionnaire on Sunday!"*

*(Did not return for Education Session.)*

**SUBJECT #30:** 56 year old female

**Primary Blockages:** Sugar Control (TBM™)

**MAIN MENU:**

**AMYGDALA Disturbance (BOS™): adrenals, Hippocampus, hypothalamus, parasympathetic nervous system:**

**Cause1: BES: EMCC: Organ: Spleen: Vengefulness**

**Age 9: teacher.**

**Need: recognition and acceptance.**

**Symbol: Sun**

**Therapy localize: Scapula:**

**Cause1: Structural: Etheric Chiropractic**

**Cause2: Inflammation: Gall Bladder (TBMTM)**

**Cause3: Vibrational: Raven # 118 to throat chakra**

**Detox:** hands held at navel and xiphoid

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Harvey Steel, thank you! I am not in pain. Feeling pain of muscle finally letting go; Pain is diminished and I feel relaxed. There is a quickening around my heart. Heightened awareness around my ears;"

**SUBJECT #32:** 40 year old female

**Therapy localize: Gall Bladder**

**Cause1->Vibrational: Raven #103: Raven's Retreat to heart chakra**

**Cause2->Emotional: BES: EMCC: organ: gall bladder: Age 8:  
girlfriend vindictive;**

**Cause3-> Spiritual: Past Life: 20,000 years ago: lung: grief**

**Cause4->Spiritual: Past Life: 342 years ago: gall bladder: despised:**

**Inner Counselor:**

**Feeling Symbol: dark red tape worm**

**Need: love**

**Healing Symbol: Ball of light**

**Amygdala: sympathetic, thalamus, Limbic, adrenals, Scar DNA,**

**9 generations: maternal grandfather lineage:**

**Emotional: Page Erase (TBMTM) Stuck.**

**Cause5->Scleranthus**

**Detox:** hands held at navel and xiphoid

**Balance Chakras; Subtle Bodies and Body Alignment.**

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel much more relaxed. My head feels bigger –so much space as possibilities. Lighter in the back of my head and shoulders;" And one week later, "I was like a bird that learned how to fly that day."

**SUBJECT #34:** 56 year old female

**MAIN MENU:**

**NEUROTRANSMITTER Disturbance (BOST<sup>TM</sup>)**

**Entry Points: CENTRAL NERVOUS SYSTEM: amygdala, hypothalamus,  
RNA, Limbic system,**

**Cause1: Emotional: BES EMCC: organ: Anxious**

**Therapy Localize: Throat Chakra:**

**Cause2: Emotional: lack of commitment.**

**Inner Counselor:**

**Feeling Symbol: yellow**

**Need: connection to body and to God.**

**Healing Symbol: Mother of all gemstones**

**Cause3: Vibrational: healing symbol to root chakra.**

**Cause4: Vibrational: Archangel Chamual to heart chakra.**

**Detox:** hands held at navel and xiphoid

**Balance Chakras; Subtle Bodies and Body Alignment.**

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Much more peaceful; I need to pee. I don’t feel as anxious. I am still processing energy.  
More hopeful;”

**SUBJECT #36:** 36 year old female

**MAIN MENU:**

**ALLERGIES AND SENSITIVITIES (BOST<sup>TM</sup>)**

**Cause1->Allergy 1 Long harmonization (BOST<sup>TM</sup>)**

**Cause2->Allergy 2 Short harmonization (BOST<sup>TM</sup>)**

**Cause3->Emotional: BES: EMCC: small intestine: adrift age 18.**

**Therapy Localize: left ear:**

**Cause4-> BES: EMCC: stomach: mother’s lack of empathy**

**Cause5-> Vibrational: Raven #179: The Surround.**

**Cause6-> Structural: T1**

**Therapy Localize: Etheric chiropractic**

**Cause7-> Emotional: BES: EMCC: gall bladder: edgy: age 24.**

**Cause8->Vibrational: Moss agate to heart chakra.**

**Detox:** hands held at navel and xiphoid

**Balance Chakras; Subtle Bodies and Body Alignment.**

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Feel like a puddle. I could flow out the door. So much tension is gone from my body.  
It’s amazing. Lots of tingling on my thighs and legs; Jelly legs.” And one week later,  
“My body feels stressed with a cold that won’t go away. I get a little frustrated and  
anxious when I don’t feel 100%.”

**SUBJECT #38:** 54 year old male

**MAIN MENU:**

**REPRODUCTIVE Disturbance (BOS™)**

**Entry Points:** Male Reproductive anatomy; Hormones:

**Cause1->Emotional:** BES: EMCC: small intestine: wife's indecisiveness:

**Need:** freedom

**Cause2->Emotional:** BES: EMCC: Spleen: self-acceptance, Age 8

**Therapy localize:** groin (subject's hand on groin)

**Cause3-> Vibrational:** Helenium to sacral chakra

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel like a lot of my system is clearing. My head was full of stuff. It feels calm and quiet. Eye feels best since I don't know when. My neck doesn't have grip on any more."

**SUBJECT #40:** 42 year old female

**MAIN MENU:**

**STRUCTURAL Disturbance (BOS™)**

**Cause1->Structural:** Etheric chiropractic

**Cause2->BES: EMCC: small intestine:** mistake: career/job

**Cause3->BES: EMCC: lung:** sadness:

**Need:** peace, clarity

**Symbol:** God

**Cause4->Vibrational:** Essence of God vibration to heart chakra

**NEUROTRANSMITTER Disturbance (BOS™):**

**Entry Points:** central nervous system; hormones; glands

**Cause5->Emotional:** BES: EMCC: liver: anger: present loss of time

**Cause6-> Emotional:** BES: EMCC: liver: anger: age 17: Dad.

**Need:** acceptance

**Symbol:** Mom's higher self

**Cause7-> Vibrational:** Mom's higher self to root chakra

**Cause8-> Vibrational:** Raven #123

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"A lot more calm and peaceful; like I could go and sleep. My head doesn't feel as foggy. Breasts totally changed!!! Is that possible! (Were very sore;) Two weeks later:

"Amazing! I found myself opening up to thinking about things I wouldn't have thought at all to know. I have other options. I did feel unsettled with what I found out. Clarity;"

(Did not return for Education Session thus scores were not included in cross-over research study results.)

**SUBJECT #42:** 39 year old male

**MAIN MENU:**

**ALLERGIES/SENSITIVITIES (BOST<sup>TM</sup>):**

**Entry points:** skin anatomy, enzymes

**Cause1->Emotional:** BES: EMCC: liver: wife's bitter

Root time event; Age 8 sister's bitterness at 8

**Need:** Connection, Acceptance, Love

**Cause2->parasite:** (Complete balance according to BOST<sup>TM</sup>)

**Entry Points:** sinus, liver, small intestine, large intestine.

**Cause3->allergy to self:** secretions: blood waste, saliva

hormones, (Complete balance according to  
BOST<sup>TM</sup>)

**Cause4->Vibrational:** Raven #196, Air to CV8

Essence of self acceptance to throat chakra

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Taller, more centered and balanced; peaceful meditative state; voice is dropping; strong sense of peace; digestion feels different. Blood chemistry feels like it is changing." (Energy practitioner.) And one week later: "Life is good. Health is good. Emotions are clear."

**SUBJECT #44:** 78 year old female

**MAIN MENU:**

**URINARY TRACT Disturbance (BOST<sup>TM</sup>):**

**Entry Points:** bladder, urinary system, renal cortex

**Cause1->Bacterial infection:** (Complete balance according to  
BOST<sup>TM</sup>)

**Cause2-> Spiritual:** root chakra

**Cause3-> Emotional:** BES: EMCC: Heart: lack of peace (age 52)

**Cause4-> Bach Flower:** Cherry Plum

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Exhilarated! Energy moving higher up in hip; energized. Feels like connection."

"I feel better. I can feel the wave vibration. I want to laugh." And one week later, "It's been a busy week and I just did it without being bothered by my stress. Elbow pain is getting better every day." Four weeks later, "I still feel lighter."

**SUBJECT #46:** 32 year old male

**MAIN MENU:**

**Structural Holograph: Therapy localize: elbow.**

**Cause1-> Inflammation:** Gall Bladder (TBMT<sup>TM</sup>)

**Cause2->Emotional:** EMCC: liver: mother's bitterness in present  
time.

**Need:** acceptance and love

**Cause3->Globe Thistle offered to sacral chakra**

**Muscle anatomy:**

**Cause4->Vibrational: Bach Flower Essence: Chicory**

**Musculo-skeletal filters, anatomy:**

**Cause5-> Allergies (as per BOS)**

**Cause6-> Spiritual: 221 years ago: confusion**

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I feel better. I can feel the wave vibration. I want to laugh.”

**SUBJECT #48:** 40 year old male

**MAIN MENU:**

**ALLERGIES/SENSITIVITIES (BOST<sup>TM</sup>)**

**Cause1-> Allergy1 (BOST<sup>TM</sup>)**

**Cause2-> Infection: Virus** (Complete balance according to BOST<sup>TM</sup>)

**Cause3-> Emotional:** BES: EMCC: Friend's impending doom.

Root-Time- event: Age 6: Need: to be heard and protection.

Symbol: Guide

**Cause4-> Vibrational:** Raven Essence: Fibromyalgia essence.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Much more relaxed and anxiety gone: fear of going to South Carolina. Really relaxed me and some of that stuff doesn't (relax me).”

**SUBJECT #50:** 48 year old male

**MAIN MENU:**

**STRUCTURAL Disturbance (BOST<sup>TM</sup>):**

**Therapy Localize: Wrist:**

**Cause1-> Emotional: BES: EMCC: Abandoned:**

**Need:** Strength

**Symbol:** Guitar

**Cause2-> Vibrational:** Essence of Guitar Vibration

**Cause3-> Spiritual: Scar DNA:** Paternal 8 generations:

Frustration:

**Cause4-> Vibrational:** Raven Essence vibration of “Unifier”

**Cause5-> Vibrational:** Essence of Acceptance of Wealth vibration

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I am me again! Peace; euphoric;”

**SUBJECT #52:** 52 year old female

**MAIN MENU:**

**NEUROTRANSMITTER Disturbance (BOS<sup>TM</sup>):**

**Entry Points:** central nervous system, hormones, glands, circulation:

**Cause1-> Emotional:** BES: EMCC: gall bladder: indignant

**Therapy localize:** cold feet:

**Cause1-> Emotional:** BES: EMCC: Liver: Angry: present time.

**Root-Time Event:** Anger that others don't do work

**Therapy localize:** cold knees:

**Cause1-> Vibrational:** Bach Flower Essence: Honeysuckle: to  
throat chakra.

**Therapy localize: Elbow:**

**Structural:** Holograph

**Therapy localize: Shoulder:**

**Structural:** Holograph

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes

**Comments immediately following Body Harmonization Session:**

"I feel calmer like I should go back to bed. I feel relaxed. My muscles feel more relaxed."

**SUBJECT #54:** 44 year old female

**MAIN MENU:**

**NEUROTRANSMITTER Disturbance (BOS<sup>TM</sup>)**

**Entry Points:** CNS: spinal chord, basal ganglion, corpus callosum, RNA, scar, hippocampus, thalamus, cerebrum,

**Cause1-> Spiritual:** Subtle body: Physical body

**Cause2-> Emotional:** BES: EMCC: small intestine: abandoned:

**Need:** companionship and courage

**Inner Counselor Process:**

**Feeling symbol:** shackle'

**Therapy Localize:**

**Cause3-> Vibrational:** Raven 34a: "Forget Me Not flower" to  
sacral chakra

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Rested; Grounded; my leg is much calmer. I feel body sensation in upper body now. General vibration in chest, eyes and right leg; I feel like I am accustomed to feeling. Leg has a shadow of shaking."

**SUBJECT #56:** 47 year old female

**MAIN MENU:**

**URINARY TRACT Disturbance (BOS<sup>TM</sup>):**

**Entry Points:** Anatomy of urinary tract:

**Cause1-> Emotional: BES: EMCC:** large intestine: anger: wanted life relationships;

**Therapy localize:** Right clavicle:

**Cause1-> Structural:** Disc bulge: page erase (TBM<sup>TM</sup>): fake, culture is fake.

**Cause2-> Spiritual:** Throat Chakra: Past Life: 4,000 years ago: depression.

**Need:** Peace and Light.

**Symbol:** Light to throat chakra.

**Cause3-> Vibrational:** Raven Essence #135 Grounding to brow chakra.

**Detox:** hands held at navel and xiphoid

**Balance Chakras; Subtle Bodies and Body Alignment.**

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I do feel more grounded. Wonderful warm and tingling; It feels like armour has been rearranged. Validation in what I know to be true and a certain freedom in that;” And one week later, “WoW! Increase in energy. –Major boost. Also many situations came together for more clarity. A huge thank you for your generous gift Karin.” (Energy Medicine Trained.)

**SUBJECT #58** 52 year old male

**MAIN MENU:**

**SLEEP DISTURBANCES (BOS<sup>TM</sup>)**

**Entry Points:** Sleep filter, neurotransmitters, central nervous system, RNA, hypothalamus, cerebellum,

**Cause1-> Emotional: BES: EMCC:** gall bladder: critical  
Need: acceptance

Symbol: Higher self of mother

**Cause2-> Raven #A:** “Building a foundation” to sacral chakra.

**Cause3-> Allergy 2** (Complete balance according to BOS<sup>TM</sup>)

**Cause4-> Allergy 1** “

**Cause5-> Spiritual:** past life: 335 years ago  
Large intestine: suicide;  
Need: love, calm and serenity

**Cause6-> Vibration:** Father’s high self to brow chakra.

**Detox:** hands held at navel and xiphoid

**Balance Chakras; Subtle Bodies and Body Alignment.**

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Little more calm. Feel optimistic that some sleep disturbances have been removed. Never slept more than 7 hours”

**SUBJECT #60:** 26 year old female

**Laterality**

**MAIN MENU:**

**NEUROTRANSMITTER Disturbance (BOST<sup>TM</sup>)**

**Entry Points:** central nervous system, hormone, glands, amygdala, DNA, parasympathetic, sympathetic, hypothalamus, thalamus, adrenal:

**Cause1->Emotional:** Stagefright

**Need:** Freedom

**Symbol:** Wise Self

**Cause2->Essence of Divine Diamond to root chakra.**

**Cause3->Raven #75: Queen Ann's Lace to throat chakra**

**Cause4->Structural: Etheric Structural Harmonization**

**Therapy localize: neck:**

**Cause5-> Structural: gall bladder**

**Detox:** hands held at navel and xiphoid

**Balance Chakras; Subtle Bodies and Body Alignment.**

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in holding mastoid processes.**

**Comments immediately following Body Harmonization Session:**

"A lot lighter; my head feels clearer. I don't feel as worried. Neck feels lighter. Overall lightness;"

(Did not complete questionnaires for Education Session, thus scores were not included in data.)

**SUBJECT #64** 45 year old female

**MAIN MENU:**

**STRUCTURAL (BOST<sup>TM</sup>)**

**Entry Points:** C7

**Cause1-> Emotional: BES: EMCC:** Lungs: Withdrawn from Public.

**Symbol:** Higher self of mother

**Cause2-> Emotional: BES: EMCC:** Small Intestine: disapproved:

Present time;

**Cause3-> Spiritual:** Past Time: 423 years ago: Gall Bladder: frustration with relationship.

**Need:** self-love and self-acceptance: Healing symbol: Sun Essence to heart.

**Cause4->Vibration:** Hornbeam

**Detox:** hands held at navel and xiphoid

**Balance Chakras; Subtle Bodies and Body Alignment.**

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in holding mastoid processes.**

**Comments immediately following Body Harmonization Session:**

"Relaxed; calm with renewed enthusiasm for life; spark for living; body smooth."

One week later, "I attempted this week to reconnect with a friend with whom I have had an extremely challenging and tough relationship with recently. It was a tough thing to do but it has had a very positive effect on me already."

**SUBJECT #66:** 41 year old female

**Primary Blockages Menu:** Sugar Control: Low blood sugar (TBM™)

**MAIN MENU:**

**AMYGDALA (BOS™)**

**Cause1->Emotional:** Anger @ Age 10.

Need: Connectedness, Trust

IC Symbol: Dove to Sacral Chakra

**Therapy localize: Small Intestine:**

**Cause1->Emotional BES EMCC:** Pituitary: Shame Age 14;  
overachiever; Need: Connectedness toward others

Red Rose pink heart to Heart Chakra

**Cause2->Raven #183:** Counselor to Meridian System

**Cause3->Scar DNA:** 3 generations: Father's Paternal: lack of  
forgiveness. Essence Zadkiel to Heart Chakra.

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Calmer and more peaceful and happier; Posture feels different and straighter. This experience is validating."

**SUBJECT #68:** 44 year old female

**MAIN MENU:**

**Glandular Disturbance (BOS™)**

**Entry Points:** ovaries, parathyroid, pituitary, Circulation: hemoglobin;  
cholesterol, vasculaire;

**Cause1->Emotional:** Kidney: paranoid present time.

**Therapy localize:** Temple:

**Cause2->Past Time:** 153 years ago. Civil war: stagefright

Need: Support; Connection

Symbol: White dove

Offered as essence to Solar Plexus

**Cause3->Raven #75:** Queen Ann's Lace to Throat Chakra

**Therapy localize:** neck:

**Cause1->Structural:** Etheric Structural Harmonization

**Cause2->Structural:** gall bladder: inflammation 272,000 levels to 22  
levels

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Physically smoother and more fluid. Neck moves more easily."

**SUBJECT #70:** 50 year old male

**MAIN MENU:**

**CNS Disturbance (BOS™)**

**Entry Points:** Spinal chord; Olfactory nerve; Corpestrie;

**Cause1->**Drug detox

**Cause2->**Vulnerable:

Need: Acceptance, Wisdom, and patience.

Symbol: Wise Self

Offered as essence to Root Chakra

**Cause3->**Raven #75: Queen Ann's Lace to throat chakra

**ALLERGY Disturbance:**

**Cause1->**Allergy<sub>2</sub>(Balance according to BOS technique.)

**Cause2->**Emotional: BES EMCC: Stomach: Empty:

Need: Empowerment

Essence of Wise Self offered.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"More relaxed, comfortable focused, relaxed; more assertive in my thinking of me; Food for thought. I need to be more proactive."

**SUBJECT #72:** 52 year old female

**MAIN MENU:**

**Sensitivity Disturbance (BOS™)**

**Cause1->**BES: EMCC: Gall Bladder: anger; present time.

**Therapy localize:** abdomen:

**Cause2->Vibrational:** Raven Brain/Body Essence to Throat Chakra

**Cause3->**Allergy<sub>1</sub> (Balance according to BOS technique.)

**Cause4->**Structural (ESH)

**Cause5->**Emotional: BES EMCC: Small Intestine: disapproved by dad at age 10 years.

**Cause6->Vibrational:** Bach Scleranthus Essence to Throat Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel different; stronger; inner strength; light headed; less weight in head; energy moving;" And one week later: "I seem content to 'let it be' and not see things as my problems."

**SUBJECT #74:** 49 year old female

**MAIN MENU:**

**STRUCTURAL Disturbance (BOS™)**

**Therapy localize:** Right hip

**Cause1->**Structural: Gall Bladder inflammation (TBM/BOS)

**Cause2->**VBES EMCC: Small Intestine: rejected

Need: peace.

Symbol: Mother Mary & Jesus

Offered as essence to Heart Chakra

**Therapy localize:** Right hip

**Cause3->**Vibrational Raven #199: Surround to Sacral Chakra

**Therapy localize:** Right hip

**Cause4->**Emotional: BES EMCC: Pineal: Self-punishing 324 year ago:

**Cause5->**Vibrational: sound: Tibetan bowl to Sacral Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment. (BAT)

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra (BOS/TBM)

**Lock in** holding mastoid processes. (BAT/BES)

**Comments immediately following Body Harmonization Session:**

“Really light almost spacey. Good connectedness with my Higher Power.”

**SUBJECT #76:** 46 year old female

**MAIN MENU:**

**Therapy localize:** ear:

**Entry Points:** Ear anatomy;

**Cause1->**Sensitivities<sub>1</sub>(BOS)

**Cause2->**Pathogen: BOS Bacterial Harmonization

**Entry Points:** Sinus; respiratory anatomy;

**Cause3->**Long advanced BOS Pathogen Harmonization

**Cause4->**BES Tap 3x Pathogen release technique

**Cause5->**Emotional: BES EMCC: Small intestine: abandoned:

Need: Acceptance, Peace

Essence of symbol of small stone offered.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Relief, lightness; Much lighter; Pressure across face isn’t there. Stuffiness is good.”

**SUBJECT #78:** 49 year old male

**MAIN MENU:**

**URINARY SYSTEM Disturbance (BOS™)**

**Entry Points:** Kidney anatomy

**Cause1->**Vibrational: Essence of Christ Light vibration

**Cause2->**Spiritual: Visualize the stone breaking up.

**STRUCTURAL SYSTEM Disturbance (BOS™)**

**Cause1->**Disc L<sub>5</sub> (BOS)

**Cause2->**Emotional BES: EMCC: Pituitary Gland: Other’s lack of courage.

**Cause3->**Chakra Holograph (BES)

**Cause4->**Structural: Gall Bladder inflammation (TBM/BOS)  
**Cause5->**Structural: Etheric Structural Harmonization (BES)

**SLEEP Disturbance:** **Cause1->**Emotional: BES: EMCC: vulnerable 4 mos. of age.  
“It’s okay to take in life.”  
**Cause2->**Vibrational: Bach White Chestnut Essence to Solar Plexus.

**SENSITIVITIES Disturbance:**

**Entry Points:** Neurotransmitters, CNS

**Cause1->**Sensitivities Harmonization<sub>1</sub> (Balance according to BOS)

**Cause2->**Emotional: BES: EMCC: Kidney: Impending doom mental illness of family member.

Need: Freedom  
Essence of God offered.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I feel really relaxed; back feels better; relaxed; spacey.”

**SUBJECT #80:** 34 year old female

**MAIN MENU:**

**REPRODUCTIVE Disturbance (BOST<sup>TM</sup>)**

**Entry Points:** Reproductive anatomy;

**Cause1->**Spiritual: Sacral Chakra

**Cause2->**BES: EMCC: Small Intestine: disapproved: present time

Root time Event: conception

Need: to be loved.

Symbol: Earth

Offered as essence to Root Chakra

**Therapy localize:** Headache:

**Cause1->**Structural: Etheric Structural Harmonization (BES) C<sub>5</sub>

**Cause2->**Chakra Holograph (BES)

**Cause3->**Structural Holograph (BES) C<sub>5</sub>

**Cause4->**Structural: Gall Bladder inflammation (TBM/BOS)

**Cause5->**Vibrational: Sound: Tibetan Bowl

**Cause6->**Raven ???: ace to ?? chakra

**Cause7->**Sensitivities Harmonization<sub>1</sub> (Balance according to BOS)

**Therapy localize:** Headache:

**Entry Points:** Circulation anatomy

**Cause1->**Emotional: BES EMCC: Pineal: Lack of commitment:

**Cause2->**Vibrational: Bach Heather Essence to Brow Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Tired; back better; knee and neck better; Headache still; I feel much lighter. Sadness isn’t sitting there.” And one week later, “I have to say that today-all day-I felt a shift; something that very recently bothered me didn’t. I managed to see it in a very clear way as well as seeing my relationship to it much more clearer and positive way. (I just hope it sticks!) Thanks.”

**SUBJECT #82:** 43 year old female

**MAIN MENU:**

**CNS Disturbance (BOST<sup>TM</sup>)**

**Entry Points:** Amygdala, Hypothalamus, Hippocampus, Cerebrum, Sympathetic nervous system.

**Cause1->** Emotional: BES EMCC: Gall bladder: critical: son of her.

**Therapy localize:** abdomen

**Cause2->** Emotional: BES EMCC: kidney: paranoia: age 6; abuse

Need: understanding, peace, knowledge.

Symbol: 3 triangles in a circle

Offered as essence to ?? Chakra

**Cause3->**Vibrational: Bach Hornbeam to Throat Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Better clarity, energy; ability to take care of myself to choose whom I help with and strength to draw from my inner power.”

**SUBJECT #84:** 45 year old female

**MAIN MENU:**

**Blockages Sugar Control Harmonization (TBM<sup>TM</sup>)**

**Entry Points:** Amygdala: Hippocampus, Parasympathetic Nervous System. RNA, DNA,

**Cause1->** BES: EMCC: terror

**Cause2->**Spiritual: Scar DNA (BES): Father's paternal ancestors; 4 generations: BES EMCC: abandonment;

**Cause3->**Vibrational: Raven Essence #178: Pathway Essence to chakra

**Cause4->**Emotional: BES Goal Balance: “I am okay with letting go of my relationship with \_\_\_\_\_. EMCC: Small Intestine: hurt:

Need: Love, acceptance, connection

Essence of symbol of ‘harp’ offered to Heart Chakra.

**Cause5->**Chakra Laterality (BES)

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Much better; lot more focus on what I am going to do; Stronger; I saw a harp and had a harp given to me that helped me. Sense of resolve; Ready to move on; Excitement; don't feel as worried about that man. I can deal with it.”

**SUBJECT #86:** 52 year old male

**MAIN MENU:**

**Laterality: Neurotransmitters (BOS)**

**Neurotransmitters, Disturbance (BOS<sup>TM</sup>)**

**Entry Points:** Amygdala, Limbic System, DNA, Hippocampus, Thalamus, Hypothalamus; Hormones;

**Cause1->** Emotional: BES EMCC: small intestine: rejected present;  
Root time event: age 6.

Inner Counselor<sup>TM</sup> process: Sadness in throat.

Old symbol: blue ball

Need: connection.

Healing Symbol: forest

**Cause2->** Chakra Holograph: Brow; Sacral

**Cause3->** Vibrational: Raven 118 “Respiratory System to Throat Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“A lot better than when I got here; I feel calmer, comfortable; relaxed, less tense, quite content. Very relaxed;”

## **J2. Case Reports for Body Harmonization<sup>©</sup> for Group 2**

***SUBJECT #1 Did not return for Education Session.***

**SUBJECT #3:** 59 year old female

**MAIN MENU:**

**Therapy localize:** Thyroid;

**Cause1->** Emotional: BES EMCC: Large intestine: Holding on:  
resistant to change; Root time event: age 7

Inner Counselor process: Old symbol: rock

Need: Freedom

Healing symbol: Pond

Essence of “pond” offered to Throat Chakra.

**Therapy localize:** breathlessness:

**Cause2->** Raven #61: to Root Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Deep relaxation. Inner peace is not a theory, but attainable. I feel much more centered. Not so splintered. Like something has coalesced inside. Whole body relaxed...soft and squishy instead of taught.”

**SUBJECT #5:** 58 year old female

**MAIN MENU:**

**Visual Disturbance**

**Entry Points:** Eye anatomy;

**Cause1->**Emotional: BES EMCC: small intestine: disapproved:

Need: self acceptance

Symbol: Star in a circle

Essence of “star in a circle” offered.

**Therapy localize:** eye and heart

**Cause2->**Spiritual: Ancestral time: Past Life: 10,000 years ago: rape of work...stolen property, greed.

Inner Counselor process

Need: self-value

Symbol: Sacred door

Offered as essence to Throat Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I feel better. More aware. Awake. I was fine. Now I am alert, tuned in fine. My mind is clear and I remember with ease. The insight I got was the “greed” piece. That felt so true. It was a selfish thing. It helped to get those words. Plagerized. Which helps me to understand so now I can journal. Take all from whomever and not give credit.”

**SUBJECT #7:** 52 year old male

**MAIN MENU:**

**STRUCTURAL Disturbance (BOS™)**

**Entry Points:** L<sub>4</sub>, L<sub>5</sub>; Disc

**Cause1->**Emotional: BES: EMCC: Stomach: favouritism

Need: discipline.

Symbol: Jesus

**Therapy localize:** Chest

**Cause2->**Inner Counselor

Need: freedom and love.

Symbol: Jesus

Offered as essence to Heart Chakra

**Therapy localize:** L<sub>4</sub>, L<sub>5</sub>;

**Cause3->**Structural: Etheric Structural Harmonization (BES)

**Cause4->**Structural: Gall Bladder inflammation (TBM/BOS)

**Cause5->**Raven #111: Raven Gold to Sacral chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I am good. Back feels quite a bit stronger. I am lighter. My tears when I am able to cry are allowed darkness to leave. Less anxious. More hopeful. Strength of my hope. I need to look from and with my heart.”

**SUBJECT #9:** 23 year old female

**MAIN MENU:**

**Laterality: Neurotransmitters, K27's, Creative; Didactic; Math; Information processing;  
Gait (BOS) Chakra Laterality; Polarity (BES)**

**Blockages: 1<sup>st</sup> Rib (BOS); Chakra Holograph (BES)**

**LUPUS REFLEX (BOST<sup>TM</sup>)**

**Entry Points:** prostaglandins;

**Cause1->**Anti DNA; Your Blood

**Cause2->**Emotional: BES EMCC: Reproductive Organs: Insecure:

Need: Connection

Symbol: Circle

Essence of circle offered to Root Chakra.

**Cause3->**Raven #132: Osteoporosis to Root Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“My head feels like it is repositioned. Heightened energy everywhere. Something has let go in the jaw area. I feel connected. It feels nice. I feel good. There’s a more connectedness through my whole body. More of a centre.”

**SUBJECT #11:** 56 year old female

**MAIN MENU:**

**NEUROTRANSMITTERS Disturbance (BOST<sup>TM</sup>)**

**Entry Points:** serotonin, dopamine, norepinephrine, melatonin, GABA, cholinesterase; CNS; pons, corpus callosum, Basal ganglion, medulla, spinal chord, cerbrum, mes encephalon, optic nerve;

**Cause1->**Spiritual: Foreign Energy

**Cause2->**Vibrational: Raven 127: Herpes

**AMYGDALA Disturbance (BOST<sup>TM</sup>)**

**Entry Points:** NT/CNS: Hypothalamus, limbic system, parasympathetic nervous system, scar, sympathetic nervous system, cerebrum, RNS, adrenals, parasympathetic nervous system, thalamus (BES).

**Cause1->**Emotional: BES EMCC: Heart Meridian: ungrounded Age 19,

**Inner Counselor<sup>TM</sup> process:**

Old symbol: black circle; red pyramid

Need: Connection and Acceptance

New Symbol: Jesus Christ of Nazareth and the Cross=

White Light

Message “You can be powerful and you can be loved.”

**Inner Counselor<sup>TM</sup> process:**

Old symbol: sausage

Need: Freedom

New Symbol: White Light and Archangel Michael

Offered as essence to ?? Chakra

Message “You are one with the Universe.”

**Cause2->**Bach Star of Bethlehem to Root Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra  
**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**  
“Still a bit out of it. Body settling down. Shifting. Just a peace. Stuff’s been shredded off.”

**SUBJECT #13:** 52 year old female

**MAIN MENU:**

**GASTRO INTESTINAL Disturbance (BOS™)**

**Entry Points:** Filters: Upper GI filters; Lower GI; Hormones; Glands; Neurotransmitters,

**Cause1->**Emotional: BES EMCC: Kidney: Terror: present;  
Root Time Event: 271 years ago.

**Therapy localize:** Shaking

**Cause2->**Emotional: BES EMCC: Gall Bladder: Indignant

**Therapy localize:** Knees

**Cause3->**Emotional: BES EMCC: Small Intestine: Rejected:  
Need: Love and Security  
Symbol: “High Self”  
Essence of High Self offered.  
Message: “I am safe and I am valuable. I am and always have been loved. I am okay.”

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I feel calm, rested, refreshed, excited. Anxious to try this out on Monday. I feel that 3 year old part is pivotal in my healing. You can’t help but feel something. WoW! This covers all levels, physical, emotional, mental, and spiritual!”

**SUBJECT #15:** 47 year old female

**MAIN MENU:**

**SENSITIVITIES Disturbance (BOS™)**

**Entry Points:** Respiratory System Anatomy; Digestive System Anatomy:

**Cause1->**Sensitivity<sub>2</sub> Harmonization (Balance according to BOS procedure.)

**Cause2->**Advanced Pathogen Harmonization (Balance according to BOS technique.)

**Cause3->**Tap3x Pathogen Harmonization (BES)

**Cause4->**Latent Pathogen Harmonization (Balance according to BOS technique.)

**Cause5->**Structural: Etheric Structural Harmonization (BES)

**Therapy localize:** left knee

**Cause1->**Structural Holograph (BES)

**Therapy localize:** sinus

**Cause1->**Emotional: BES EMCC: Heart: Lack of forgiveness: present time; Root Time Event: Age 10.

**Cause2->**Vibrational: Raven Essence “Wayfaring Tree” Solar Plexus Chakra.

**Therapy localize:** eye

**Cause1->->Spiritual:** Past Time: Past Life: 636 years ago: EMCC: Lack of trust (BES)

Need: Trust

Symbol: Blue Sphere

Offered as essence to Throat Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel lighter. Don't feel it behind my eyes. Right side glands better and left ear is slowly draining. I don't feel as much emotional concern. That is just how that person is. Not as bothered."

**SUBJECT #17:** 48 year old female

**MAIN MENU:**

**PATHOGEN (BOST<sup>TM</sup>)**

**Entry Points:** Sinus, Upper respiratory anatomy;

**Cause1->Emotional:** BES EMCC: Large Intestine: Self-destruct: present; Root Time Event: 16 years of age.

**Entry Points:** Digestive Anatomy,

**Cause2->Bacterial Advanced Pathogen Harmonization (BOS)**

**Cause3->Tap3x Pathogen Harmonization (BES)**

**Cause4->Vibrational:** Raven #82 Essence

**Therapy localize:**

**Cause5->Emotional:**

**Inner Counselor<sup>TM</sup> process:** Age 18

Old symbol: Spiked ball

Need: Freedom

New Symbol: Angels

Offered as essence to heart Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Pretty emotional. Old grief. I feel like I have to journal. Tightness. At the time, I was dealing with this, I could not look at this. Lots of energy has been spent keeping it inside, instead of taking time for me." One week later: "Headaches—sinus almost daily since. Very emotional. Crying often. Thoughts and feelings from the past coming up." Five weeks later: "I was not feeling well after two weeks. I went to Reiki once a month. This session is more dramatic than other treatments. Not sure I liked it. It is in your face. Never had such a strong emotional ...too overwhelming. But my sinuses...they got better. I had problems with sinuses 18 years ago. ...allowing me to feel those emotions. Used to shut them down. ...lots of shoulderering. It is a pretty powerful tool! Messages from the body to know our mind!"

**SUBJECT #19:** 18 year old male Did not return for Education Session.

**SUBJECT #21:** 37 year old female

**MAIN MENU:**

**Blockages:** Sugar Disturbances (TBM)

**AMYGDALA Sugar Disturbances;**

**Entry Points:** Hypothalamus, limbic system, Scar, Adrenals, parasympathetic nervous system, cerebellum

**Cause1->Emotional:** BES EMCC: Kidney; Panicked: 6 years of age: Brother.

**Inner Counselor™ process:**

Old symbol: bowling pin

Need: protection and acceptance

New Symbol: Angel

Offered as essence to ?? Chakra

Message “ It will be okay.”

“Give me strength.”

Offered as essence to Root Chakra

**Cause2->Vibrational:** Raven PW Essence “Peaceful Warrior” to Solar Plexus Chakra.

**Cause3->Chakra Holograph (BES)**

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Feel okay. Relaxed. I do feel peaceful. I don’t know exactly how to say it...a lot different.” One week after: “I have visualized and continually thought about my fear and the shape I gave it (bowling pin). I feel like it left my body but continues to hover very close to my external body. It seems like it doesn’t want to leave or I am not ready to let it leave.” (NOTE: According to the teaching of Nunley in Inner Counselor, this indicates that the process is not completed.)

**SUBJECT #23** 51 year old female

**MAIN MENU:**

**NEUROTRANSMITTER Disturbance (BOSTM)**

**Entry Points:** NT’s; CNS; Medulla, Scar, DNA, Thalamus, Cerebellum; Hormones; Glands.

**Cause1->Emotional:** BES EMCC: Large Intestine: Obstinate: present; male family member; Root Time Event: 9-years of age.

Need: Security, Safety

Symbol: Celtic cross

Offered as essence

**Therapy localize:** stomach area

**Cause2->Vibrational:** Raven 29 Essence: Datura to Solar Plexus Chakra  
Visualize energetic roots to ground.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Much more relaxed. Calmer. Not as angry any more. Not as stuck. As I was lying there, I figured out how to manuevre the day by putting one thing aside. Intellectually, I knew there was a difference from how Larry works. There is so much more with emotions and history." One week after session: "Less stomach pain. Much more fatigue." (NOTE: This session does not feel like it is complete. It had to stop before the main issues were cleared.)

**SUBJECT #25:** 54 year old female

**MAIN MENU:**

**Laterality:** NT's, Didactic, Gait, Information Processing (BOS) **Chakra Laterality:** heart (BES)

**Blockages:** Chakra Holograph (BES)

**HORMONES Disturbance (BOS™)**

**Entry Points:** Glands, CNS, NT;s

**Cause1->Emotional:** BES EMCC: Adrenals: Disillusioned present.

Need: Trust

Symbol: The Lord

Offered as essence to Heart Chakra

**Cause2->Vibrational:** Essence of Emerald to throat Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Light-headed. More aware. I would think stronger to face my issues with daughter. During the session, it was almost as if the Lord was talking to me. 'Don't worry. She'll turn out. Her lifestyle will be honourable.' I believe that. Then I can trust her again. I think that one day she'll come. It rebuilt the trust in my faith because you lose sight. THANK YOU. You can trust your inner wisdom. Kinda gives you inner peace. I have inner strength to hang on for the ride. Quite an adventure. Feel very relieved. One week after: "It is a little easier to look at my life's concern more clearly and feel good about my decisions."

**SUBJECT #27:** 71 year old female

**MAIN MENU:**

**EMOTIONAL Disturbance (BOS™)**

**Entry Points:** None

**Cause1->Emotional:** BES EMCC: Large Intestine: Obstinate: age 32; Male: Root Time Event: 6 years of age; surgery for removal of rib.

**Therapy localize:** Throat

**Cause2->Structural:** Etheric Structural Harmonization (BES) Rib area.

**Therapy localize:** Top of head:

**Cause3->Spiritual:** Scar DNA (BES) Maternal Grandmother 7 generations. BES EMCC: Kidney: doubt.

Need: Love to all.

**Therapy localize:** Abdomen stirred up

**Cause4->Vibrational:** Raven 155 Essence: "Self Expression to Solar Plexus Chakra.

**Therapy localize:** Back of neck

**Cause5->Vibrational:** Bach "Star of Bethlehem" Essence to Throat Chakra.

**Cause6->Emotional:** BES EMCC: Governing Vessel: Blocked: Need: Love, Security, Acceptance and Freedom.

Essence of God offered.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I feel good. Relaxed and that is not a usual state! I am amazed at what you’ve discovered...my heritage! It’s amazing! Wondrous! Feel different through the throat chest area and shoulder and rib. One week after: “I feel optimistic. My spiritual path is clearer.”

**SUBJECT #29:** 55 year old female

**MAIN MENU:**

**Therapy localize:** Abdomen

**Entry Points:** Solar Plexus; Sacral, Throat

**Cause1->**Spiritual: Past Time (BES)

Past Life: 332 years ago; Emotional: BES EMCC: Sacral Chakra: Lack of Creativity

**Cause2->**Advanced Pathogen Harmonization (Balance according to BOS) Bacteria

**Cause3->**Mould Harmonization (Balance according to BOS)

**Cause4->**Tap3x Pathogen Harmonization (BES)

**Cause5->**Vibrational: ‘Sacred’ Essence: Christ to Heart Chakra.

Inner Counselor Energy Exercise (Figure 29).

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“My gut feels happy. This whole area (abdomen) is a new home. This is magical. I have wanted this so long and didn’t even know it! Wow! I can’t even compare. Light. Airy. Vibrant. Connected. Integrated. At peace. My gut feels healed and whole and open.” One week after: “More balanced and integrated. Lighter. Brighter. The heaviness of old emotional baggage is dissipating. Don’t get stuck as much. There is movement...a flow.”

**SUBJECT #31:** 28 year old female

**MAIN MENU:**

**Laterality:** NT’s, Gait, Information Processing (BOS) **Chakra Laterality:** Throat, Solar Plexus, Root (BES)

**Blockages:** Structural Holograph: Wrist, C<sub>5</sub> (BES)

**STRUCTURAL Disturbance (BOSTM)**

**Cause1->**Structural: Etheric Structural Harmonization (BES)

**Therapy localize:** Sacral Chakra

**Cause2->**BES EMCC: Lack of Control

Need: Security, Love, and Strength.

Symbol: High Self Innate

Offered as essence to Brow Chakra

**SENSITIVITY Disturbance:**

**Cause1->**Sensitivity<sub>2</sub> Harmonization (Balance according to BOS technique.)

**Cause2->**Vibrational: “Cross” Essence to Sacral Chakra.

**Cause3->**Vibrational: Hyacinth Essence to Solar Plexus Chakra.

**Cause4->Vibrational:** Corpus Christi Essence to Brow Chakra.

**Cause5->Vibrational:** Arnica Essence to left hip.

**Comments immediately following Body Harmonization Session:**

“Much better. Much more relaxed. Tiny bit in right trapezius area. Lighter! Mind is at ease.

Bit crampy—like period will come. Just LIGHT! Very light. Spacey almost.”

One week after: The session grounded me. I feel more centered as a person and able to deal with life more effectively. Physically: a weight has been lifted! Thank you. I am grateful. I did get my period after the session and I am sure that was what was making me crazy among other things. I’m doing much better in all aspects of my life. Thanks.”

**SUBJECT #33:** 38 year old female

**MAIN MENU:**

**NEUROTRANSMITTER Disturbance**

**Entry Points: Neurotransmitters:** serotonin, histamine, GABA, CNS

**Cause1-> Spiritual:** Scar DNA (BES) Paternal Grandfather 7 generations. BES EMCC: Spleen: Lack of Self Esteem

**Therapy localize:** Chest

**Cause2->Emotional:** BES EMCC: Gall Bladder: Frustration: mother’s

Past Life: 161 years ago; Emotional: BES EMCC: Lung: Confusion

**Inner Counselor™ process:**

Old symbol: Slimy mud

Need: Love and Self-acceptance

New Symbol: White Bird

Offered as essence to Sacral Chakra

**Cause3->Vibrational:** Raven 74 Essence: Purple Loosestrife to Root Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I feel more control. More in touch with my self. More aware.”

One week after: “I feel that I meet the eye of strangers, maintain contact and smile more often.

Today I had a very down day. We had a dinner party; one couple didn’t show (last minute call) My 2 year old son not feeling well, not sleeping/eating well.”

**SUBJECT #35:** 41 year old male

**MAIN MENU:**

**Therapy localize:** hips

**Cause1-> Structural:** Etheric Structural Harmonization (BES)

**Therapy localize:** right hip

**Cause2->Emotional:** BES EMCC: Spleen: Self-esteem

**Cause3->Raven #126:** “Fungus” Sacral chakra

**Cause4->Vibrational:** Owl totem Essence to Heart Chakra.

**Cause5->Spiritual:** Past Time (BES)

Past Life: Emotional: BES EMCC: Lung: Regret

**Inner Counselor™ process:**

Old symbol: yellow grapes

Need: Connection

New Symbol: Blue Raven

Offered as essence to Throat Chakra

**Therapy localize:** groin (subject touches)

**Cause6->Emotional:** BES EMCC: Pineal: Lack of self-sacrificing:

**Cause7->Vibrational:** Raven 48 Essence: Lady Slipper to Heart Chakra.

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Little numb. Not as clear. Little foggy. Bit sad. Need to go cry.” And one week after: “After the session, I felt like I connected to a previous life and I longed to be in that place and time as there was something that I needed to take back with me.”

**SUBJECT #37:** 45 year old male

**MAIN MENU:**

#### SENSITIVITIES (BOST<sup>TM</sup>)

**Cause1->** Sensitivities Harmonization<sub>1</sub>

**Entry Points:** RNA, DNA, Parasympathetic, Sympathetic, Hypothalamus, Thalamus. (Balance according to BOS)

**Therapy localize:** skin

**Cause2->** Sensitivities Harmonization<sub>2</sub> (Balance according to BOS)

**Cause3->** Your Blood (BOS)

**Cause4->** Anti-DNA (Balance according to BOS technique.)

**Cause5->** Structural: Etheric Structural Harmonization (BES)

**Cause6->Emotional:** BES EMCC: Adrenal: Scoffed at by boss

Root Time Event: daughter stopped breathing

Need: Support and Strength

Symbol: Blue Light

Offered as essence

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Little more relaxed. Warm ears. I usually get them with stress, temperature change.

Emotionally, I am more at peace. No change in my skin.” One week after: “Long week due to power out.”

**SUBJECT #39 did not return for Body Harmonization Session for Period 2. Scores were not included in data.**

**SUBJECT #41:** 20 year old female

**MAIN MENU:**

#### SENSITIVITIES (BOST<sup>TM</sup>)

**Cause1->** Sensitivities Harmonization<sub>2</sub>

**Entry Points:** Respiratory System anatomy

**Cause2->** Sensitivities Harmonization<sub>2</sub> (Balance according to BOS)

**Cause3->** Advanced Pathogen Harmonization<sub>1</sub> (Balance according to BOS) Virus Energy

**Cause4->Structural:** Etheric Structural Harmonization (BES)

**Therapy localize:** Headache

**Cause1->Emotional:** BES EMCC: Bladder: pee'd off: male family: present;

**Cause2->Emotional:** BES EMCC: Large Intestine: Stuck;

**Therapy localize:** Headache

**Entry Points:** Circulation, Vasculaire, Hemoglobin; Coronary Artery, Cholesterol.

**Cause3->Emotional:** BES EMCC: Triple Warmer Meridian: humiliated; Age 8.

Need: Acceptance

Symbol: Trees

Offered as essence to Throat Chakra

**Cause4->Vibrational:** Dragon/Phoenix charm to Sacral Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Much better. Very relaxed. Have been jittery. General feeling of ease.” One week after: Immediately following the session, my headache became more painful but went away completely later in the day. I’ve been feeling MUCH more at ease, very grounded and okay where I am. I also feel lighter and have more of a sense of belonging in the world.”

**SUBJECT #43:** 69 year old female

**MAIN MENU:**

### **NEUROTRANSMITTERS Disturbance (BOST<sup>TM</sup>)**

**Entry Points:** NT's, CNS, Amygdala, brain anatomy; RNA, Thalamus, Cerebrum, Corpus callosum, Optic nerve, Basal Ganglion, Sympathetic nervous system.

**Cause1->Emotional:** BES EMCC: Bladder: shock: age 17.

**Cause2->Emotional:** BES EMCC: Small Intestine: disapproved

Need: Acceptance

Symbol: Living Heart

Offered as essence to Sacral Chakra

**Cause3->Spiritual:** Past Time (BES)

Past Life: 331 years ago; Emotional: BES EMCC: Spleen: Overconcern

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Symbol amazes me. Feeling wonderful. The reassurance I am asking for. I am confident.” One week after: “I have been less disturbed about things I would normally worry about and really felt much calmer mentally.”

**SUBJECT #45:** 52 year old female

**MAIN MENU:**

### **SENSITIVITIES (BOST<sup>TM</sup>)**

**Cause1->** Sensitivities Harmonization<sub>2</sub>

**Cause2->Structural:** Etheric Structural Harmonization (BES)

**Cause3->Emotional:** BES EMCC: Lack of sympathy: husband's ??: present; Root Time Event: ?? years of age.

**Cause4->Emotional:** BES Goal Balance: “I am okay with my present weight.” EMCC: Gall Bladder: frustration: present time: self  
Root Time Event: 4 years of age: blamed.

**Inner Counselor™ process:**

Old symbol: Red Jello & Graystone  
Need: Love and Acceptance  
New Symbol: Red Valentine  
Offered as essence to Heart Chakra

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I think I feel lighter emotionally. Excited to see what next week brings. Sinuses feel clearer physically.” One week after: “I had a stiff neck for 1-2 days. I’m back to having a better outlook on life and can find gratitude again—more clarity on weight issues. Work issues around power failure.”

**SUBJECT #47:** 64 year old female

**MAIN MENU:**

**HORMONE Disturbance (BOS™)**

**Entry Points:** Hormones; Glands: thymus, Lymph System, Pituitary, adrenals.; Hypothalamus, Scar, Parasympathetic nervous system.

**Cause1->Emotional:** BES EMCC: Lung: Grief: present; daughter. Root Time Event: 4 years of age: grief: father  
Need: Acceptance  
Symbol: Sun; colour: green

**Cause2->Vibrational:** Raven 86a Essence: Stinging Nettle to Solar Plexus Chakra.

**Cause3->Spiritual:** Past Time (BES)

Past Life: 141 years ago; Emotional: BES EMCC: Small Intestine: Victim:  
Need: Strength  
Symbol: Sacred Land  
Offered as essence to Sacral Chakra

**Cause4->Vibrational:** Essence of Colour green.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Much more relaxed. Less anxious. Right now I don’t care what happens to the world. More at peace. Ok go with the flow.” One week after: “Not as much concern over ill family members. Not so many “hot” periods.

**SUBJECT #49:** 38 year old female

**MAIN MENU:**

**Blockages: Sugar Control Disturbance: (TBM) Low**

**Amygdala: Sugar Control Disturbance: Sympathetic, Parasympathetic, RNA, DNA,**

**Cause1->** Spiritual: Scar DNA (BES) Maternal Grandfather 6 generations: Vibrational: Raven Earthkeeper Essence.

**Cause2->**Emotional: BES EMCC: Gall Bladder: vindictive  
Need: Self Acceptance  
Symbol: Mary  
Offered as essence to Sacral Chakra

**Therapy localize:** T<sub>7</sub> area.

Message: "Give myself permission to have sugar."

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Very at peace. Relaxed. Moved. Moving slow. Very grateful. Little stunned." One week after: "Hormones feel more balanced. Level of stress is down. Not so overwhelmed. Calmer. Feel held by spirit. Gentleness of Mary with me. The words "It's OK," are with me often. Just don't feel as stressed out by things! Thank you Karin! Feeling grateful!"

**SUBJECT #51:** 48 year old female

**MAIN MENU:**

#### NEUROTRANSMITTERS Disturbance (BOS™)

**Entry Points:** Sinus, Respiratory points.

**Cause1->**Emotional: BES EMCC: Small Intestine: Lost face: colleague; Root Time Event: Age 7: father.

**Cause2->**Structural: Etheric Structural Harmonization (BES)

**Cause3->**Vibrational: Raven D Essence: Departure Essence to Throat Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I am very grounded. Gurgling in my stomach stopped. Feel energy flowing really easily up and down through my body. I no longer feel discombobulated. My neck feels like it was physically manipulated like a post-chiropractic adjustment. I am grateful. I want to stretch my wings. Emotionally, deeper, deeper calmer state. Anxiety around colleague gone. I feel excited about the move—YES!! I am clear in my career focus. My marriage is just so great!" One week after: "Overall, I feel 'elevated' in all areas. Perhaps mental would be the lesser of all, but still mentionable."

**SUBJECT #53:** 21 year old female

**MAIN MENU:**

#### NEUROTRANSMITTERS Disturbance (BOS™)

**Entry Points:** NT's, CNS, Amygdala, Hormones; Glands; Circulation.

**Cause1->**Emotional: BES EMCC: Stomach: discontent: Rugby; Root Time Event: Age 4.

**Therapy localize:** Sinus, Throat Chakra

**Cause2->**Lack of Trust

Need: Control

Symbol: Coach's Higher Self

Offered as essence to Throat Chakra

**Therapy localize:** Eyes

**Cause3->Spiritual:** Past Time (BES)

Past Life: 411 years ago; Emotional: BES EMCC: Small Intestine: rejected

Need: Love

Symbol: Goddess

Offered as essence to Solar Plexus Chakra

**Therapy localize:** Shoulder

**Cause4->Vibrational:** Raven 4a Essence: Arbutus to Throat Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“More awake. Much less angry. Frustrated, happy. More in control. Very at peace. Accepting. It (situation which I was so angry about coming in) is what it is. Very neutral with a smile added to it. My throat is the same. It was interesting to see a different way of doing BOS. Thank you.”

**SUBJECT #55:** 69 year old female

**MAIN MENU:**

**Therapy localize:** Bladder

**Entry Points:** Bladder anatomy; Urinary tract anatomy

**Cause1->Spiritual:** Throat Chakra

**Cause2->** Advanced Pathogen Harmonization<sub>1</sub> (Balance according to BOS) Bacteria Energy

**Cause3->Emotional:** BES EMCC: Bladder Meridian: Pee'd off:

Need: Strength

Symbol: Sunshine

Offered as essence

**Cause5->Structural:** Etheric Structural Harmonization (BES)

**Cause6->Vibrational:** Raven Earthkeeper Essence.

**Therapy localize:** Emotional Asthma

**Cause1->Emotional:** BES EMCC: Stomach: Self-esteem present; Root Time Event: 6 years of age.

**Cause2->Vibrational:** Bach Cerato Essence to Throat Chakra.

**Cause3->Vibrational:** Raven 131 Essence: Migraine to Solar Plexus Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Just on top of things. I am not sure I have a care in the world at the moment. No aches or pains. Back of the legs a bit. Energized.” One week after: “After 3 days, I stopped my inhaler and my cough had almost disappeared. Was not as deep. Was not dribbling as much.”

**SUBJECT #57:** 42 year old male

**MAIN MENU:**

**NEUROTRANSMITTERS Disturbance (BOS™)**

**Entry Points:** Sinus, Respiratory points.

**Cause1->Sensitivities Harmonization<sub>2</sub>** (Balance according to BOS)

**Cause2->Your Blood**

**Cause3->Anti-DNA (Balance according to BOS)**

**Entry Points:** Hormones, Glands; CNS; Amygdala; Adrenals; Parasympathetic; Hypothalamus; Hippocampus; Scar; Sleep filter; Vein; Vasculaire.

**Cause4->Spiritual:** Past Time (BES)

Past Life: 441 years ago; Emotional: BES EMCC: Kidneys: anxious.

**Therapy localize:** Right arm

**Cause5->Emotional:** BES EMCC: Large Intestine: holding on: present

**Cause6->Emotional:** BES EMCC: Small Intestine: vulnerable: present daughter.

**Cause7->Cranial Holograph:** TMJ (BOS)

**Cause8->Vibrational:** Bach Crabapple Essence to Throat Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel good. I do feel ready to move. I feel great. I feel more in my body. Starting to make connection in body with carbohydrate addiction. I am going to know my body by being in it. I feel more in my body. I feel lighter. I feel really wonderful with visualization." One week later: No comments. Two weeks after: I don't have any particular memory. A lot of stress that has not got to do with my session. TONS of personal family stuff going on. BIG stuff emotionally for couple of days. Bit more balanced."

**SUBJECT #59:** 54 year old female did not return for Body Harmonization Session in Period 2.

**SUBJECT #61:** 56 year old female

**MAIN MENU:**

#### **RESPIRATORY SYSTEM Disturbance (BOST<sup>TM</sup>)**

**Entry Points:** Respiratory System anatomy;

**Cause1->Advanced Pathogen Harmonization<sub>1</sub>** (Balance according to BOS) Bacteria energy

**Entry Points:** Abdomen; Bladder.

**Cause2->Advanced Pathogen Harmonization<sub>1</sub>** (Balance according to BOS) Parasite energy

**Cause3->Structural:** Etheric Structural Harmonization (BES)

**Cause4->Spiritual:** Throat Chakra (BES)

**Cause5->Emotional:** BES EMCC: Lung: Depression

Need: Protection; Connection

New Symbol: Cross of St. John

Offered as essence to Throat Chakra

Message " I am safe. It's okay to say who I am. "

**Cause6->Vibrational:** Key chain cross Essence to Heart Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Wow that was really powerful. Wonderful. I feel like I have had surgery. I feel very different. I feel like hugely lighter and fuller and emptier at the same time. Chest feels better." One week

later: "I felt that my chest was clear and all other physical complaints eased, immediately after the session. During the week, they came back (esp. the cough) because (probably) of the pressure of the project I am working on. However, I have felt an increase in energy level, even though I am under stress."

**SUBJECT #63:** 58 year old female

**MAIN MENU:**

**Therapy localize:** Groin and back

**Cause1->Spiritual:** Past time (BES)

Past Life: 226 years ago; Emotional: BES EMCC: Kidney:  
terror

**Therapy localize:** eyes

**Cause2->Emotional:** BES EMCC: Small Intestine: Lost

**Therapy localize:** Sacral Chakra

**Cause3->Spiritual:** Past Time

Past Life: Allergy: Incongruent with the situation.

**Therapy localize:** Ileo Coecal Valve

**Cause4->Emotional:** BES EMCC: Stomach: Dependent on others:  
mother

Need: to 'Be'

Symbol: Water

Offered as essence to Heart Chakra

**Therapy localize:** flank

**Cause5->Spiritual:** Scar DNA (BES) Paternal Grandfather 3  
generations. BES EMCC: Stomach: Lack of sympathy

**Cause6->Vibrational:** Raven Alzheimer Essence: to Sacral Chakra

**Cause7->Vibrational:** Bach Walnut Essence to flank

**Cause7->Vibrational:** Sacred Symbol: "Hands of Christ" Essence

**Cause8->Vibrational:** Bach Walnut Essence to Valve of Houston

**Detox:** hands held at navel and xiphoid

**Balance Chakras;** Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel more relaxed and more alert. Sense of being more calm, more relaxed." One week after:  
"Pain in left flank disappeared. General feeling of lightness, calmer. Sick for past two days with  
a bladder infection. Feeling fatigued and uncomfortable. Heavy workload."

**SUBJECT #65:** 50 year old male

**MAIN MENU:**

**STRUCTURAL Disturbance (BOST<sup>TM</sup>)**

**Therapy localize:** T<sub>12</sub>

**Cause1->Structural:** Etheric Structural Harmonization (BES)

**Cause2->Structural:** Gall Bladder inflammation (TBM/BOS)

**Cause3->Emotional:** BES EMCC: Liver: Bitter: work; present;

**Therapy localize:** stomach area

**Cause4->Emotional:** BES EMCC: Lungs: Regret: 2 years ago; Root  
Time Event: 4 years of age.

**Inner Counselor<sup>TM</sup> process:**

Old symbol: crow

Need: Acceptance  
New Symbol: Scissors  
Offered as essence to Solar Plexus Chakra  
Message "Let go of the past. Stop worrying about the future."

**Cause5->Vibrational:** Raven Essence: "Transitions to Solar Plexus Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I definitely feel a lot better. My eyes aren't as tired. Definately, feel more energetic. A lot lighter. My heart doesn't feel as heavy. Still sore but I definitely feel a lot more flexible physically. Thank you." One week after: "Immediately after, I felt almost euphoric, but over the last week, I have slid back quite a bit. Just a lot of crap at work. I am beginning to have serious doubts about this new job. The past week has been a VERY stressful and I am just hanging on by a thread. However, I have noticed a subtle increase in my desire to connect with the spiritual side."

**SUBJECT #67:** 56 year old male did not return for Body Harmonization Session

**SUBJECT #69:** 62 year old female

**MAIN MENU:**

**Blockages: Structural Holograph:** C<sub>5</sub>(BES)

**Cause1->Spiritual:** Chakra: Throat (BES)

**Cause2->Emotional:** BES EMCC: Doubt: skepticism about the para-normal present;

**Cause3->Spiritual:** Past Time (BES)

Past Life: 4150 years ago; Emotional: BES EMCC: ?: ?: ?:

**Therapy localize:** pain in left shoulder

**Cause4->Emotional:**

**Inner Counselor™ process:**

Old symbol: black mush

Need: Freedom

New Symbol: Christ and Sophia

Message " You are beloved. "

**Therapy localize:** chest

**Cause5->Emotional:** BES EMCC: Lung: Regret

**MAIN MENU:**

Thoughts "G \_\_\_\_\_ (who is passed on) CIRCULATION Disturbance: "constricted heart"

**Cause6->Vibrational:** Raven "Hops" Essence: to Heart Chakra

**Cause7->Vibrational:** Raven "Storyteller" Essence: to Throat Chakra

**Cause8->Structural:** Disc (BOS) ICV

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I am not sure I will ever know. Whole experience is amazing. Confirmation of "passed sister, stuck" was huge. Releasing G \_\_\_\_\_. Ache in the left shoulder. Light headed. Lighter. Top of

head feels like it is open wide. Feel huge intensity in my chest.” One week after: “Exhaustion seems to have increased. Grief comes over. My knees have stopped working. It is hard to walk and it is painful! Very busy mentally. Hopeful spiritually. And in awe of the session. Offer on house. Hard, hard decisions re: financing. Lot of physical work on new house and neck pain with it. There is an offer on my house on condition of financing.”

**SUBJECT #71:** 54 year old female

**MAIN MENU:**

**GASTROINTESTINAL Disturbance (BOST<sup>TM</sup>)**

**Cause1->**Sensitivities Harmonization<sub>2</sub> (Balance according to BOS):

Long

**Cause2->**Emotional: BES EMCC: Stomach: sympathy: present:  
palliative care patient in pain.

**MAIN MENU:**

**HORMONAL Disturbance (BOST<sup>TM</sup>)**

**Cause1->**Structural: Etheric Structural Harmonization (BES)

**Cause2->**Vibrational: Raven ??? Essence: ??? to ?? Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“Fine, the same.” (This subject had the lowest score possible at pre-session for State and Trait and very low for SDS.) One week later: “None.”

**SUBJECT #73:** 40 year old male

**MAIN MENU:**

**NEUROTRANSMITTER Disturbance (BOST<sup>TM</sup>)**

**Entry Points:** NT's; CNS; Hormones; Glands.

**Cause1->**Emotional: BES EMCC: Triple Warmer Meridian: Greed: Ex-husband's: present;

**Cause2->**Sensitivities Harmonization<sub>1</sub> (Balance according to BOS)

**Cause3->**Sensitivities Harmonization<sub>2</sub> (Balance according to BOS)

**MAIN MENU:**

**REPRODUCTIVE SYSTEM Disturbance (BOST<sup>TM</sup>)**

**Entry Points:** Reproductive anatomy; Secretions

**Cause1->**Emotional: BES EMCC: Lung: Regret

Need: Strength

Symbol: Ocean

Offered as essence to Sacral Chakra

Message “ Be that force breaking against the rocks. ”

**Cause2->**Spiritual: Root Chakra Balance (BAT)

**Cause3->**Chakra Holograph: Root (BES)

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

“I feel relieved. Lighter. Knowing. Thank you!” And one week after: “Somewhat calmer and less stressed feeling.”

**SUBJECT #75:** 48 year old female did not return for Body Harmonization Session

**SUBJECT #77:** 56 year old female

**MAIN MENU:**

**Therapy localize:** Left leg

**Cause1->**Structural: Etheric Structural Harmonization (BES)

**Cause2->**Spiritual: Past Time (BES)

Past Life: 365 years ago; Emotional: BES EMCC: Gall

Bladder: Vindictive

**Cause3->**Emotional: BES EMCC: Adrenal: Humiliated

**Inner Counselor™ process:**

Old symbol: brown blob

Need: Self-Acceptance

New Symbol: Angel

Message " You are loved. "

**Cause4->**Vibrational: Raven Evening Primrose Essence

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Really spaced out. I feel very relaxed. Good. A bit spacey. Very good. Much more relaxed. Leg bit warm. Peacefulness." One week later: "More relaxed physically. More positive emotionally and physically."

**SUBJECT #79:** 56 year old male did not return for Body Harmonization session in Period 2

**SUBJECT #81:** 52 year old female

**MAIN MENU:**

**SPIRITUAL:** Solar Plexus (BES)

**Cause1->**Emotional: BES EMCC: Large Intestine: irresponsibility: father's: 5 year's ago.

**Therapy localize:** 'butterflies' abdomen:

**Cause2->**Emotional: BES EMCC: Lung: Sadness: Root Time Event: 5 years ago

**Cause3->**Spiritual: Past Time (BES)

Past Life: 561 years ago; Emotional: BES EMCC: Heart: Excessive Passion

**Cause4->**Vibrational: Raven #46 "Japanese Fleece Flower Essence to Sacral Chakra.

**Therapy localize:** Headache

**Cause5->**Vibrational: Essence of "Most Sacred": "Love of Family" to Solar Plexus Chakra.

**Therapy localize:** Headache

**Cause6->**Spiritual: Subtle Body: Emotional Body (BAT)

**MAIN MENU:**

**AMYGDALA:** Sympathetic/Parasympathetic nervous systems (BOS) Entry Points: Limbic System, Cerebrum, DNA, Cerebellum;

**Cause1->**Vibrational: Bach Willow Essence.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel lighter. Tightness in Solar Plexus is gone. My head feels light. Feel like I've just woke up from a good sleep. One week after: "I've felt a bit less tension in the abdomen."

**SUBJECT #83** 50 year old female

**MAIN MENU:**

**EMOTIONAL Disturbance (BOS)**

**Cause1->**Spiritual: Throat Chakra (BES)

**Cause2->**Emotional: BES EMCC: Throat Chakra: Lack of peace: present; Root Time Event: 11 years of age.

**Inner Counselor™ process:**

Old symbol: Purple exclamation mark

Need: respect

New Symbol: Kaleidescope

Offered as essence to areas of Osteoarthritis Chakra

Message " I am exactly where I should be! "

**MAIN MENU:**

**STRUCTURAL Disturbance (BOS)**

**Entry Points:** Prostaglandins; Psoriasis, Duputryn

**Cause1->**Sensitivities Harmonization<sub>2</sub> (Balance according to BOS)

**Cause2->**Sensitivities Harmonization: Hypersensitivity to Self (Balance according to BOS)

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"Holy mackerel! My bladder is really full! Whoa! That is truly amazing! I feel lighter. More like I've got this sparkle coming off my shoulders. Neck not that tight. I am just calm. I thought I was calm when I came in but now I am calmer. That was great! I've never had a collage of colours like that before. It was most enlightening." One week after: "I have been very happy and uplifted all week. Co-workers keep laughing at my attitude! Very, very little physical pain and a great deal of energy. Have felt wonderful. Have a great sleep at night. Great week! High energy. Great sleeping. All round wonderful except for loss of power Thursday which was unnerving."

**SUBJECT #85:** 52 year old male

**MAIN MENU:**

**Therapy localize:** Shin (painful)

**Cause1->**Structural: Gall Bladder inflammation (TBM/BOS)

**Cause2->**Emotional: BES EMCC: Gall Bladder: indignant

**Cause3->**Structural: Etheric Structural Harmonization (BES)

**Cause4->**Structural Holograph (BES)

**MAIN MENU:**

**AMYGDALA:** Neurotransmitters (BOS)

**Entry Points:** Limbic System, Hypothalamus, Adrenals, Sympathetic/Parasympathetic nervous systems

**Cause1->Emotional:** BES EMCC: Small Intestine: abandoned by friends, job: Root Time Event: Abandoned by God

**Inner Counselor<sup>TM</sup> process:**

Old symbol: red baseball bat

Need: Connection

New Symbol: Wife's Higher Self

**Cause2->Vibrational:** Raven Essence: Raven Pink to Heart Chakra.

**Detox:** hands held at navel and xiphoid

**Balance** Chakras; Subtle Bodies and Body Alignment.

**Close:** Poisons: L5, Toxins-xiphoid process: Crown Chakra

**Lock in** holding mastoid processes.

**Comments immediately following Body Harmonization Session:**

"I feel lighter. My steps are bouncier. There is a weight off my shoulders sensation. I am clearer. I don't feel my skin. I didn't think that there was a weight but I feel lighter. Body overall feels different. After this exercise, I think I could make a decision about anything. And I am amazed. I am balanced and this would be the right decision in this present time." One week after: "I feel rejuvenated."

**APPENDIX K:**  
[RAW DATA](#)

Excel file













## **APPENDIX L: HOW TO MAKE FLOWER ESSENCES**

# HOW TO MAKE FLOWER ESSENCES<sup>1</sup>

by Andrea Mathieson, producer of the Raven Essences

*I am sharing the knowledge about how to make flower essences because I feel the experience of creating the essences is as life-changing and empowering as the energy of the essences themselves. Not everybody will want to become essence producers, but anybody can make an essence from a plant that they love. They can then drink that energy whenever they need it. The first summer I made essences, it was partly because I wanted to take the energy of the flowers with me into the winter months. I love to encourage gardeners to expand their appreciation nature beyond their love of the plants, to the full-frequency energetic healing potentials. We help the flowers bloom, through our care and nurturing; they help us do exactly the same! You can be sure that gardeners grow precisely what they need! But that's another story...*

## ***Here are the simple steps for making an essence***

1. Within your vertical axis, connect with the deva (the spirit) of the particular flower and ask permission to harvest it. Check whether this is the right time. (Some plants in my garden have made me wait for years!) Mornings are generally the time of highest energy for the plants. Dew is a natural essence, offered freely to insects and birds. Ask how many flowers are needed to make the essence. In my experience, occasionally some leaves are needed.
2. Remove the petals with scissors or tweezers without touching the flower parts with your hands.
3. Place these into a clean bowl of good, pure water. (Distilled water is dead, so avoid using it.)
4. Place the bowl with the flowers in the garden in a safe, sunny spot.
5. At this point, I place my hands around the sides of the bowl and respectfully ask the plant to release its energy into the water. I also realize that I am an integral part of this process, so I intuit whether I should chant, pray, or bring any other aspect of myself to this process. Some of this conscious intention is what makes the Raven Essences unique from other essences, and I feel that each person needs to honor their uniqueness and bring this to the act of creation.
6. Leave the essence to cook in the sun for 3-6 hours (test for length of time.)
7. Remove the petals from the water either by straining through a clean metal filter or by using tweezers. This is now pure mother tincture.
8. Put mother tincture into a clean, dark glass jar. Fill 1/3 with brandy and 2/3's with mother tincture. You may have the brandy already in the jar.
9. Leave this to settle in the garden in a selected, protective area for several hours then store inside your home, preferably away from intense sunlight.

## ***Intuiting the Definition***

Observe the plant closely, including its environment. Everything is a clue! Once you have observed it closely at a physical level, connect with the deva of the plant, and ask to receive any information. Write this down. Do not edit

at this time! As you use the essence may get more information. While you can test whether this information is complete, testing is a limited way to 'listen' at this time and probably creates real limitation for your conversation with the plant.

***Making Solution/Dosage Bottles***

Solution bottles (1/2 ounce) are created by using 5 drops of mother tincture with the remainder half brandy and water. Dosage bottles are the next and final stage of dilution, with the same proportions. Generally, producers never sell mother tincture. The solution bottles are sold, from which dosage bottles can be made.

### **Letter of Permission to Use Quote from Raven Essences-**

---- Original Message -----

**From:** [Andrea Mathieson](mailto:Andrea.Mathieson@earthlink.net)

**To:** [kcremasco@earthlink.net](mailto:kcremasco@earthlink.net)

**Sent:** 3/1/2004 12:35:26 PM

**Subject:** Re: Citing in my dissertation

Hi Karin,

Yes, you certainly may include the information about making a flower essence. I think this is simple, but vital information that invites people to participate in an intimate way with Nature, right in their own backyards.

I'm fascinated by your scientific results! Obviously, I'm curious about what makes the difference between what you are doing with your sessions and what others are doing. The whole area of alchemy deeply interests me. And by that word, I mean the energy that we bring to the healing arena as an integral part of the 'method' we are using. The less measurable qualities of intention, spiritual focus, connection with nature and spirit, all play roles in difficult-to-measure quantities, but I'm sure they are part of what makes the difference in the final analysis.

I know you are very busy at this time, completing your work, but I still would be interested to explore this at some later stage, partly to continue understanding the role of essences with other modalities. My sense is that they are alchemical, in that they are able to resonate with the soul mandate of any type of healing/creative venue or modality. Yes, they are subtle, but their adaptability is one of their tremendous strengths.

I would also be honored to be included in your signature. I have a lot of respect for the people that you work with, so this is an auspicious placement.

I will attach a separate page from the book so that you can download this more easily for your dissertation. Good luck with it.

With love, Andrea

--

Andrea Mathieson  
Raven Essences  
51 Belmont Crescent  
Maple, Ontario L6A 1L5  
905-832-8245

**From:** "Karin Cremasco" <[kcremasco@earthlink.net](mailto:kcremasco@earthlink.net)>

**Reply-To:** [kcremasco@earthlink.net](mailto:kcremasco@earthlink.net)

**Date:** Mon, 1 Mar 2004 11:51:21 -0500

**To:** "andrea@ravenessences.com" <[andrea@ravenessences.com](mailto:andrea@ravenessences.com)>

**Cc:** "David Eichler" <[david4847@sbcglobal.net](mailto:david4847@sbcglobal.net)>, [BoBN4847@earthlink.net](mailto:BoBN4847@earthlink.net)

**Subject:** Citing in my dissertation

Andrea,

I hope this memo finds you well.

I am writing to request your permission to include the page 111 from the 2003 Raven Essences Manual, "How to Make Flower Essences" in the appendix of my dissertation, for my doctorate in Theology in Spiritual Healing. Obviously I will give you full credit. I have also included your contact information, in case someone wishes to replicate my

research project. It was a crossover research project which lasted over 6 months. As I infuse your essences as a part of the BOS/BES Body Harmonization intervention in my research, I would like to clarify in the appendix what flower essences are and how they are made. We found that depression was improved significantly and that that improvement lasted over 6 months from only one 45 min. BOS/BES Body Harmonization session! The likelihood of that being due to chance was 1 in 10,000! State and trait anxiety was also improved with statistical significance. We did not see this kind of improvement in the group which just received an Education Session about Body Harmonization.

I still use your Raven Essences every day personally, and I know they play a huge part in my own healing journey.

With your permission, I will also include the following acknowledgement in the beginning of my dissertation:

"**Andrea Mathieson**—for creating the Raven Essences, and their descriptions which it seems evolve into the different perfect wisdom with every offering."

I am finishing up the last chapter and will be defending 2 weeks today.

Warmest gratitude for your work,  
Karin

P. S. I am citing copies to my Graduate Committee Chair, Dr. David Eichler and the Dean of Faculty and Academic Affairs, Dr. Bob Nunley, if you should have any questions about the Holos University program. Please find the website below in my signature. Do I have your permission to include your website in my signature?

**Karin Cremasco, Ph.D.  
(Energy Medicine)  
Th.D. Candidate (Spiritual Healing)  
*Biocomputer Emotional Spiritual™ (BEST™) technique***

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<sup>1</sup> Andrea Mathieson, Raven Essences, 111.

**APPENDIX M:**  
**RESULTS CHAPTER FROM GREENWICH DISSERTATION**

## CHAPTER 3

### RESULTS

**“A cloud does not know  
why it moves in just such a direction and at such a speed,  
It feels an impulsion...this is the place to go now.  
But the sky knows the reasons and the patterns behind all clouds, and  
you will know, too when you lift yourself high enough to see beyond  
horizons.”<sup>1</sup>**

#### **Independent Variable**

The independent variable of the study was a forty-five minute Integrated Energy Rebalancing© (intervention) session. Half of the subjects (43), received the Integrated Energy Rebalancing session and half received an Education (control) session, which also lasted for forty-five minutes. The Education Session included an informative talk about integrated energy rebalancing and included a demonstration. Both groups took part in a ten-minute interview where the intake form of each subject was discussed, a baseline of physical, emotional, mental and spiritual concerns was established, and a goal set, namely, the intention that the outcome of the session be positive. Subjects in both groups experienced muscle testing and lay on the table for varying amounts of time. Subjects in both groups were interviewed once more at the end of the session for 5-minutes to re-evaluate the baseline.

## **Descriptive Analysis**

### **Description of Subjects**

The total number of subjects in the study population was 86, with 43 in the control group, and 43 in the intervention group. Of the 86, 63 were female (73%), and 23 were male (27%). There was a higher percentage of females in the control group as shown in Table 4.

Table 4. Gender of Subjects

Group	Male n (%)	Female n (%)	Total
Control	9 (21)	34 (79)	43
Intervention	14 (33)	29 (67)	43
Total Sample	23 (27)	63 (73)	86

The average age was 47, with a minimum age of 18, and the maximum of 78 (see table 5).

Table 5. Age of Subjects

Group	Minimum	Maximum	Mean	Total
Control	18	70	48.05	43
Intervention	26	78	45.88	43
Total Sample	18	78	46.97	86

---

Table 6 describes the number of subjects experiencing stress within the last 24 hours before baseline, before the post session, and within the last week after the session. The number of subjects stating that they experienced a stress seems to decrease after the session. If a subject indicated their level of stress was 0-4, the principal investigator, classified them as being in the Low Stress group. If the subject indicated they had had a stress level of 5 or more, they were classed as Stress group.

Table 6. Experience of Stress

---

Group	Stress n (%)	Low Stress n (%)	Total
<u>Experience of Stress in the Last 24 Hours – Pre-Session</u>			
Control	23 (53)	20 (47)	43
Intervention	30 (70)	13 (30)	43
Total Sample	53 (62)	33 (38)	86
<u>Experience of Stress in the Last 24 Hours – Post Session</u>			
Control	19 (44)	24 (56)	43
Intervention	18 (42)	25 (58)	43
Total Sample	37 (43)	49 (57)	86
<u>Experience of Stress in the Last Week – One-week Post Session</u>			
Control	23 (54)	20 (46)	43
Intervention	18 (42)	25 (58)	43
Total Sample	41 (48)	45 (52)	86

---

Most subjects stated that they have only had energy medicine experience, as opposed to any training (see table 7). This finding is consistent throughout the education and intervention groups. Those with little experience had only experienced laterality balance in preparation for this study. Those who had more than one session of energy medicine were classed as having some experience. For this dissertation, these two groups were classed together in one group called Experience Only.

Table 7. Experience in Energy Medicine

Group	Experience Only n (%)	Experience and Training n (%)	Total
Control	30 (70)	13 (30)	43
Intervention	28 (65)	15 (35)	43
Total Sample	58 (67)	28 (33)	86

Most subjects (94%) stated that they had at least one physical concern, as well as one emotional concern 41% stated they had a mental concern, and 24% stated that they had a spiritual concern. Frequency of concerns is found on table 8.

Table 8. Frequencies of Physical, Emotional, Mental and Spiritual Concerns  
In Whole Sample

<u>Frequency of Physical Concerns</u>					
Group	Physical 1 <sup>st</sup> Concern n (%)	Physical 2 <sup>nd</sup> Concern n (%)	Physical 3 <sup>rd</sup> Concern n (%)	Physical 4 <sup>th</sup> Concern n (%)	Total
Control (n=43)	38 (88)	35 (81)	20 (47)	12 (28)	43
Intervention (n=43)	43 (100)	37 (86)	26 (61)	14 (33)	43
Total Sample (N=86)	81 (94)	72 (84)	46 (54)	26 (30)	86

<u>Frequency of Emotional Concerns in Whole Sample</u>					
Group	Emotional 5 <sup>th</sup> Concern n (%)	Emotional 6 <sup>th</sup> Concern n (%)	Emotional 7 <sup>th</sup> Concern n (%)	Emotional 8 <sup>th</sup> Concern n (%)	Total
Control	40 (93)	31 (72)	16 (37)	5 (12)	43
Intervention	41 (95)	34 (79)	17 (40)	9 (21)	43
Total Sample	81 (94)	65 (76)	33 (38)	14 (16)	86

<u>Frequency of Mental and Spiritual Concerns in Whole Sample</u>			
Group	Mental 9 <sup>th</sup> Concern n (%)	Spiritual 10 <sup>th</sup> Concern n (%)	Total
Control	19 (44)	10 (23)	43
Intervention	16 (37)	11 (26)	43
Total Sample	35 (41)	21 (24)	86

### **Dependent Variables**

There were multiple dependent variables utilized in this study. They are as follows: state anxiety scores for adults, trait anxiety scores for adults, and depression index scores<sup>2</sup> for adults. In total, three data points were collected to assess state and trait anxiety levels and depression levels. One baseline data point was collected on the evening prior to the session. This point is called Pre-session (Pre). A second data point was collected the evening following the session at the same hour and location as the first. It is referred to as Post-session (Post). One week after the second data point, a third and final, data point was collected, once again at the same hour and location as the other two. This is called One-week after Session (One-week).

In order to measure state anxiety, trait-anxiety, and depression, two instruments were used. The inventory chosen to assess state and trait anxiety levels was the State-Trait Anxiety Inventory-Form Y (STAI for adults). A scoring key was used to record the scores thus there was no chance of an error being made in the encoding step. The instrument used to measure the levels of depression was the Zung Self-rating Depression Scale, using the raw score total, as well as the conversion of the raw scores to the SDS Index. Other dependent variables include the physical, emotional, mental, and spiritual concerns that were identified by the subject during the interview at the beginning of the session, for both groups. This is a subjective scale in which the subject assigned a number on a scale of one to ten, to a particular concern that he or she was experiencing at that moment in time, according to the degree of his or her perceived level of discomfort. This served as a baseline score and the subject reassessed each concern at each of the other two data points . Refer to table 9 for the sample sizes of each concern as well as a

list of the means of the concerns for the total sample. All of the raw scores are found in the appendix H.

### **Compliance with Questionnaire Completions**

The rate of compliance was excellent, with all of the 86 subjects (100%) completing and returning all three questionnaires. They noted the time, date, and location of the completion. If their questionnaires were not received in the mail within a week of it being due to return, the subjects were called and reminded to send in their questionnaire. Only two questionnaires were not filled out on the scheduled day one-week after the session. In both instances, the person filled out the questionnaire estimating how they felt at the previously scheduled time. Whenever a question was not answered on a certain questionnaire, that same question was examined on the other two questionnaires. If the same answer was on both of them, that answer was given (8 instances). If the other answers were different, the subject was telephoned and asked for the answer. This only occurred in two instances. There was less compliance in the reporting of the physical, emotional, mental, and spiritual concerns. Subjects were required to mail back the third questionnaire after its completion. They were also asked to complete a subjective scale about the concerns that they came in with. They were to assign a number between 0 and 10 (0 being symptom gone and 10 being unable to function to each concern). For physical: 1<sup>st</sup> concern, there were 62 out of the 81 subjects (77%) who said they had a physical concern, who responded at the One-week data point. This rate of compliance held true for the 2<sup>nd</sup> through 4<sup>th</sup> physical concerns. For the emotional: 1<sup>st</sup> concern, the rate of compliance was 80% (65 of 81 responded) and the

average rate of compliance was 79% for the other emotional 6<sup>th</sup> through 8<sup>th</sup> concerns.

Twelve out of fourteen (86%) subjects responded when asked to report the value of their One-week mental 9<sup>th</sup> concern and 18 out of 21 subjects (86%) responded with their level of spiritual 10<sup>th</sup> concern. (Refer to Table 9.)

### **Pre-session Data Point**

In order to establish a baseline of anxiety and depression levels respectively, the STAI and Zung SDS were completed on the evening prior to the intervention. The subject rated baselines of the physical, emotional, mental, and spiritual concerns subjectively during the initial interview, just prior to the Education Session or the Integrated Energy Rebalancing session.

### **Post-session and One-week After Session Data Points**

To assess the effect of the intervention One-weekon the state and trait anxiety levels, and depression levels, One-week after the session, several paired t-tests were conducted at the Post-session and One-week data points, using the STAI and Zung SDS scores. The concerns were also subjectively rated by the subject and recorded at the Post-session and One-week data points. Level of statistical significance is .05.

Table 9. Mean of the Concerns Ratings: Pre and Post Data Points  
For Intervention Group

(N=Number of Subjects Who Had Concerns and Complied With Answering Concerns Section on Questionnaire)

	Pre-session		Post-session		One-week after Session	
	M	SD	M	SD	M	SD
Physical: 1 <sup>st</sup> Concern	4.34	2.21	2.25	2.06	3.15	2.41
Physical: 2 <sup>nd</sup> Concern	3.59	2.12	2.20	1.96	3.40	2.70
Physical: 3 <sup>rd</sup> Concern	4.13	2.32	2.13	1.91	2.86	2.08
Physical: 4 <sup>th</sup> Concern	4.29	2.41	2.69	2.40	3.45	2.73
Emotional: 5 <sup>th</sup> Concern	5.45	2.42	2.94	2.37	3.34	2.43
Emotional: 6 <sup>th</sup> Concern	5.76	2.55	3.21	2.56	3.62	2.65
Emotional: 7 <sup>th</sup> Concern	5.77	2.24	3.42	2.24	3.37	2.60
Emotional: 8 <sup>th</sup> Concern	6.90	1.85	4.43	3.00	3.80	2.29
Mental: 9 <sup>th</sup> Concern	3.89	2.43	2.60	2.12	3.24	2.86
Spiritual: 10 <sup>th</sup> Concern	5.77	2.54	3.10	2.70	3.22	2.71

### State Scores

#### Paired Samples T-Tests

As expected, according to the hypothesis, there was a strong, statistically significant difference between the baseline state anxiety scores and immediately following the intervention,  $t(42)=5.858$ ,  $p<.0001$ . The mean score dropped by more than 7 points (7.58) before and after the intervention session (see table 10a). In the control

group, the paired samples t-test did not yield a statistically significant difference between Pre-session and Post-session data points,  $t(42)=.331$ ,  $p<.743$  (see table 10b).

To compare anxiety levels prior to the intervention and one week following the intervention, paired t-tests analyses were conducted. There was a statistically significant difference in the state anxiety scores,  $t(42)=3.578$ ,  $p<.001$ . The One-week mean scores were lower than the Pre-session by 4.12 points (see table 10a). In the control group, the paired samples t-test did not yield a statistically significant difference between Pre-session and Post-session data points,  $t(42)=-.086$ ,  $p<.932$  with very little change in the mean scores (see table 10b).

To assess if changes in the anxiety levels maintained, paired samples t-tests were done on Post-session and One-week after session. The intervention group t-test yielded a statistically significant difference between post and One-week data points,  $t(42)=-2.740$ ,  $p<.009$  (see table 10a). At the One-week data point, the mean state scores were higher than the Post-session. The t-test score was a negative indicating an increase (-.3.46) in the state score from the Post-session but still an overall decrease. The control group paired samples t-test did not yield a statistically significant difference between Post and One-week data points,  $t(42)=-.452$ ,  $p<.654$  (see table 10b).

Table 10a. Mean Measures for State Anxiety Scores; Pre, Post and One-week Data Points for Intervention Group

	Pre-session		Post-session	
	M	SD	M	SD
	n=43		n=43	
State***	39.79	12.52	32.21	10.46
	Pre-session		One-week After Session	
	M	SD	M	SD
	n=43		n=43	
State**	39.79	12.52	35.67	11.74
	Post-session		One-week After Session	
	M	SD	M	SD
	n=43		n=43	
State*	32.21	10.46	35.67	11.74

\*\*\* This paired samples t-test yielded a statistically significant difference between Pre and Post data points,  $t(42)=5.858$ ,  $p<.0001$

\*\* This paired samples t-test yielded a statistically significant difference between Pre and One-week data points,  $t(42)=3.578$ ,  $p<.001$

\* This paired samples t-test yielded a statistically significant difference between Post and One-week data points,  $t(42)=-2.740$ ,  $p<.009$

Table 10b. Mean Measures for State Anxiety Scores; Pre, Post, and One-week Data Points for Control Group

	Pre-session		Post-session	
	M	SD	M	SD
	<i>n</i> =43			
State**	37.09	10.83	36.47	12.57
Pre-session		One-week After Session		
	M	SD	M	SD
	<i>n</i> =43			
State*	37.09	10.83	37.26	11.70
Post-session		One-week After Session		
	M	SD	M	SD
	<i>n</i> =43			
State***	36.47	12.57	37.26	11.70

\*\* This paired samples t-test did not yield a statistically significant difference between Pre and post data points,  $t(42)=.331$ ,  $p<.743$

\* This paired samples t-test did not yield a statistically significant difference between Pre and One-week data points,  $t(42)=-.086$ ,  $p<.932$

\*\*\* This paired samples t-test did not yield a statistically significant difference between Post and One-week data points,  $t(42)=-.452$ ,  $p<.654$

#### Independent Samples T-test

In order to compare the differences between the two groups, independent samples t-tests were done. When comparing the two groups at the Pre-session level, this independent t-test for state scores did not yield a statistically significant difference between the control group and the intervention group data points,  $t(84)= 1.068.$ ,  $p<.288$ . The mean scores of the intervention group were higher by 2.70 points than the control

group. This indicates that the intervention group was starting at a level of higher state anxiety than the control group (see table 11).

At the Post-session data point, this independent t-test did not yield a statistically significant difference between the control group and the intervention group data points,  $t(84)=1.707$ ,  $p<.092$ . The difference in the mean scores between the two groups was 4.26 (see table 11).

At the One-week data point, this independent t-test did not yield a statistically significant difference between control group and the intervention group data points. The intervention group mean was higher at the Pre-session data point by 2.70 points but at the One-week after session data point, was lower than the control group by 1.59 points. At the One-week data point, the intervention group mean indicated that it was at a level of less state anxiety than the control group but not at a level of statistical significance  $t(84)=.626$ ,  $p<.533$  (refer to table 11).

Table 11. Independent T-Test for State Scores: Control group and Intervention Group Data Points

	Control group		Intervention group	
	M	n=43	M	n=43
			N=86	
Pre-State**	37.09	10.83	39.79	12.52
Post-State ***	36.47	12.57	32.21	10.46
One-week State*	37.26	11.70	35.67	11.74

\*\* This independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)=1.068$ ,  $p<.288$

\*\*\* This independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)=1.707$ ,  $p<.092$

\* This independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)=.626$ ,  $p<.533$

### Trait Scores

#### Paired Samples T-Tests

The null hypothesis was not upheld. There was a statistically significant difference between Pre and Post data points in the intervention group, when the paired samples t-test was conducted,  $t(42)=2.813$ ,  $p<.007$  (refer to table 12a). The Pre-session trait mean score dropped by 2.24 points when compared to the Post-session score (refer to table 12a). In the control group, there was no statistically significant difference between Pre and Post data points,  $t(42)=1.652$ ,  $p=.106$  when the paired samples t-test was done (see table 12b).

In the intervention group, the paired samples t-test yielded a statistically significant difference between the post and One-week data points,  $t(42)=3.611$ ,  $p<.001$  with a reduction in the trait anxiety of 3.26 points between the Pre-session mean and the One-week after-session mean (refer to table 12a).

Table 12a. Mean Measures for Trait Anxiety Scores; Pre, Post and One-week Data Points for Intervention Group

	Pre-session		Post-session	
	M	SD	M	SD
Trait**	41.98	12.16	39.74	11.33
		$n=43$		
	Pre-session		One-week After Session	
	M	SD	M	SD
Trait***	41.98	12.16	38.72	11.70
		$n=43$		
	Post-session		One-week After Session	
	M	SD	M	SD
Trait*	39.74	11.33	38.72	11.70
		$n=43$		

\*\* This paired samples t-test yielded a statistically significant difference between Pre and Post data points,  $t(42)=2.813$ ,  $p<.007$

\*\*\* This paired samples t-test yielded a statistically significant difference between Pre and One-week data points,  $t(42)=3.611$ ,  $p<.001$

\* This paired samples t-test did not yield a statistically significant difference between Post and One-week data points,  $t(42)=1.232$ ,  $p<.225$

Surprisingly, the control group also yielded a statistically significant difference between Pre and One-week data points,  $t(42)=2.253$ ,  $p<.030$  when the paired samples t-test was done. This was the only comparison in which the paired sample t-test yielded a statistically significant difference in the control group. The mean trait anxiety score was reduced by 1.95 points from the Pre-session to the One-week after session. The means of the two groups may be compared by referring to table 12b.

Table 12b. Mean Measures for Trait Anxiety Scores; Pre, Post and One-week Data Points for control group

	Pre-session		Post-session	
	M	SD	M	SD
$n=43$				
Trait*	38.42	10.02	36.93	9.54
$n=43$				
	Pre-session		One-week After Session	
	M	SD	M	SD
	38.42	10.02	36.47	10.06
	Post-session		One-week After Session	
	M	SD	M	SD
	36.93	9.54	36.47	10.06

\*\* This paired samples t-test did not yield a statistically significant difference between Pre and Post data points,  $t(42)=1.652$ ,  $p<.106$

\*\*\* This paired samples t-test yielded a statistically significant difference between Pre and One-week data points,  $t(42)=2.253$ ,  $p<.030$

\* This paired samples t-test did not yield a statistically significant difference between Post and One-week data points,  $t(42)=.699$ ,  $p<.489$

In the last paired samples t-test for the intervention group, there was no statistically significant difference between post and One-week data points,  $t(42)=1.232$ ,  $p<.225$  although there was decrease of the mean score from the Post-session to the one week by slightly more than a point. See table 12a for a comparison of the Baseline averages of all the means for the trait anxiety scores. This was the only comparison that did not yield statistical significance of all of the dependent measures utilized for the intervention group. As expected, there was no statistically significant difference between post and One-week data points,  $t(42)=.699$ ,  $p<.489$  when the paired samples t-test was done in the control group.

#### Independent Samples T-test

The two groups were compared with each other using the independent samples t-test. This test did not yield a statistically significant difference in the Pre-trait mean scores between control group and the intervention group data points,  $t(84)=1.481$ ,  $p<.142$  (refer to table 13 for all of the mean scores) .

The post-trait independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)=1.246$ ,  $p<.216$  (see table 13). The independent t-test for the One-week after-session trait anxiety scores also did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)=.959$ ,  $p<.341$  (refer to table 13).

While statistical significance was not achieved, it is interesting to note that the intervention group began with a higher Pre-session mean than the control group, indicating a greater level of trait anxiety (3.56 points higher). Also of interest is the fact

that the mean of the One-week after-session of the intervention group was almost the same as the Pre-session mean trait score for the control group.

Table 13. Independent T-Test for Trait Anxiety Scores: control group and intervention group Data Points

	Control group n=43		Intervention group n=43	
	M	SD	M	SD
Pre-Trait***	38.42	10.02	41.98	12.16
Post-Trait**	36.93	9.54	39.74	11.33
One-week Trait <sup>¶</sup>	36.47	10.06	38.72	11.70

\*\*\* This independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)=1.481.$ ,  $p<.142$

\*\* This independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)=1.246$ ,  $p<.216$

\* This independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)= .959$ ,  $p<.341$

### Zung Self-rating Depression Scale (SDS) Index

#### Paired Samples T-Tests

In order to assess the overall reduction in levels of depression, the Zung SDS was administered at the Pre-session, Post-session and the One-week after session data points, to both the intervention group and the control group. The Zung raw scores were

converted to the SDS Index according to the formula cited by Zung (Index = raw score total divided by the maximum score of 80 multiplied by 100).<sup>3</sup>

The SDS Index is a measure of how depressed a patient is “in terms of an operable definition and expressed in percentage.”<sup>4</sup> The results of the comparisons of SDS index are discussed here and the raw scores comparisons are discussed in the Appendix.

To examine whether or not there is a difference in the level of depression, between the Pre-session and the Post-session data points, paired t-tests were conducted for both groups. As noted in table 14a, there was a statistically significant difference between Pre and Post-session data points,  $t(42)=2.121$   $p<.040$  with a 1.7 point difference in the Pre and post means for the intervention group. In table 14b, it is apparent that there is no statistically significant difference between Pre and post data points,  $t(42)=.468$ ,  $p<.642$  with the very little change in the mean SDS scores for the control group.

The paired sample t-tests that were done at the Pre-session and the One-week data points for the intervention group, were the strongest paired samples in the Zung series of t-tests. As evident in table 14a, there was a statistically significant difference between Pre and One-week data points,  $t(42)=4.484$   $p<.0001$ . The difference in the mean scores was 4.6 points, indicating a decrease in the level of measurable depression. In the control group, this paired samples t-test did not yield a statistically significant difference between Pre and One-week data points,  $t(42)=.941$ ,  $p<.352$ .

A level of statistically significant difference  $t(42)=3.326$ ,  $p<.002$  was found in the Post-session and One-week paired samples t-test in the intervention group (refer to table 14a).

Table 14a. Mean Measures for Zung SDS Scores; Pre, Post and One-week Data Points for intervention group

	Pre-session		Post-session		
	M	SD	M	SD	
n=43					
Zung (SDS)*	49.00	12.27	47.30	10.59	
n=43					
Pre-session		One-week After-Session			
M	SD	M	SD		
Zung (SDS) ***	49.00	12.27	44.40	11.51	
n=43					
Post-session		One-week After-Session			
M	SD	M	SD		
Zung (SDS) **	47.30	10.59	44.40	11.51	

\* This paired samples t-test yielded a statistically significant difference between Pre and Post data points,  $t(42)=2.121$   $p<.040$

\*\*\* This paired samples t-test yielded a statistically significant difference between Pre and One-week data points,  $t(42)=4.484$   $p<.0001$

\*\* This paired samples t-test yielded a statistically significant difference between Post and One-week data points,  $t(42)=3.326$ ,  $p<.002$

Table 14b. Mean Measures for Zung SDS Scores; Pre, Post, and One-week Data Points for control group

	Pre-session		Post-session	
	M	SD	M	SD
Zung (SDS)*	44.77	11.07	n=43	
Zung (SDS)***	44.77	11.07	44.33	9.52
	Pre-session		One-week After-Session	
	M	SD	M	SD
Zung (SDS)***	44.77	11.07	43.93	10.34
	Post-session		One-week After-Session	
	M	SD	M	SD
Zung (SDS)**	44.33	9.52	43.93	10.33

\* This paired samples t-test did not yield a statistically significant difference between Baseline and Post data points,  $t(42)=.468$ ,  $p<.642$

\*\*\* This paired samples t-test did not yield a statistically significant difference between Baseline and One-week data points,  $t(42)=.941$ ,  $p<.352$

\*\* This paired samples t-test did not yield a statistically significant difference between Post and One-week data points,  $t(42)=.486$ ,  $p<.630$

Table 14b shows the paired samples t-test did not yield a statistically significant difference between the post and the One-week data points,  $t(42)=.486$ ,  $p<.630$  in the control group.

#### Independent Samples T-Tests

The control group and the intervention groups were compared by running the independent t-tests for both the Zung SDS Index, which are discussed below, and the Zung Raw Scores, which are written in the appendix H.

The Pre-Zung SDS while approaching significance did not yield a statistically significant difference between the control group and the intervention group data points,  $t(84)= 1.679$ ,  $p<.097$  as is demonstrated in table 15. This table also shows that the Pre-session mean score for the intervention group started at a higher level of measurable depression than the control group with a difference between the two groups of 4.23.

The post-Zung SDS independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)= 1.371$ ,  $p<.174$  (see table 15). There is a difference of 2.97 points in the Zung SDS mean scores between the control group and the intervention group.

The independent t-test for the One-week Zung SDS did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)= .197$ ,  $p<.844$  (refer to table 15).

It is interesting to note, however, that the intervention mean score decreased in the post-Zung SDS data point by 2.70 points and again at the One-week data point with a difference of 4.6 points. The mean of the control group changed by less than a point (.84) from Pre-Zung SDS to One-week Zung SDS (refer to table 15.) The intervention group while beginning at a level of greater measured depression than the control group (4.23), ended at the One-week Zung SDS with a mean score of even less than the level of the Pre-Zung mean of the control group (.37 difference). This seems to indicate that this group improved in the level of measured depression. The mean score of the control group was changed by less than a point (.84).

Table 15. Independent T-Test for Zung SDS Scores for Depression: Control Group and Intervention Group Data points

	Control Group		Intervention Group	
	M	n=43 SD	M	n=43 SD
Pre-Zung (SDS) ***	44.77	11.07	49.00	12.27
Post-Zung (SDS) **	44.33	9.52	47.30	10.59
One-week Zung (SDS) *	43.93	10.34	44.40	11.51

\*\*\* This independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)=1.679$ ,  $p<.097$

\*\* This independent t-test did not yield a statistically significant difference between control group and the intervention group data points,  $t(84)=1.371$ ,  $p<.174$

\* This independent t-test did not yield a statistically significant difference between control group and the intervention group datapoints,  $t(84)= .197$ ,  $p<.844$

## Concerns

### Paired Samples T-Test

To assess the effect the Integrated Energy Rebalancing© session had on the subjects' presenting concerns, paired t-tests were done at the Pre-session, Post-session and One-week data points when the sample size was close to 30 or more.

#### Physical: 1<sup>st</sup> Concern

In the intervention group, the paired samples t-tests yielded a statistically significant difference between Pre-Session and Post-session data points,  $t(41)=9.147$ ,  $p<0001$ ; between Pre-Session and One-week datapoints,  $t(34)=2.892$ ,  $p<007$ ; between

Post-session and One-week datapoints,  $t(34) = -4.186$ ,  $p < 0.0001$  (refer to table 16a). The mean scores decreased by 2.55 points (25%) from the Pre-session to the Post-session. The mean score increased by 1.24 points but still was higher by 1.22 over the Baseline mean score. The paired samples t-test in the control group, also yielded a statistically significant difference between Pre-session and Post-session data points,  $t(37) = 4.635$ ,  $p = .0001$  (see table 16b). There was not as much of a decrease in the mean score (.98 points) as there was in the intervention group (2.55 points). Again, the One-week after session score was slightly higher than the post-score, but there were insufficient numbers to do the inferential statistics.

#### Physical: 2<sup>nd</sup> Concern

Once again the intervention group paired samples t-test yielded a statistically significant difference between Pre-session and Post-session data points,  $t(36) = 6.728$ ,  $p < .0001$  (see table 16a); The post session decreased by more than two points and increased by 1.54 points. This is still a level of less concern, by half a point than at the Pre-session level. Inferential statistics between Pre-session and One-week: Post-session and One-week data points were not performed due to insufficient sample size. In the control group paired samples t-test yielded a statistically significant difference between Pre-session and Post-session data points,  $t(34) = 2.610$ ,  $p = .013$  (refer to table 16b); Inferential statistics between Pre-session and One-week data points; Post-session and One-week data points were not performed due to insufficient sample size. While the sample size was too small, the mean score at the end of the One-week for the control group, was very slightly higher than the Pre-session score (-.17).

Table 16a. Mean of the Concerns Ratings: Pre and Post Datapoints

	Pre-session		Post-session		One-week after Session	
	M	SD	M	SD	M	SD
Physical 1 <sup>st</sup> Concern*	3.79	2.09 n=43	1.24	1.33 n=42	2.57	1.72 n=35
Physical 2 <sup>nd</sup> Concern**	3.80	1.68 n=37	1.77	1.69 n=37	3.29	2.87 n=29
Physical: 3 <sup>rd</sup> Concern°	3.98	2.33 n=26	1.46	1.41 n=26	2.89	2.25 n=21
Physical: 4 <sup>th</sup> Concern°	4.82	2.18 n=14	2.14	1.86 n=14	2.89	3.14 n=11
Emotional: 5 <sup>th</sup> Concern***	5.79	2.33 n=41	2.09	1.73 n=41	3.24	2.55 n=34
Emotional: 6 <sup>th</sup> Concern****	6.22	2.32 n=34	2.38	2.15 n=34	3.32	2.70 n=28
Emotional: 7 <sup>th</sup> Concern°	5.62	2.23 n=17	2.44	1.66 n=17	3.31	2.41 n=16
Emotional: 8 <sup>th</sup> Concern°	7.11	1.47 n=9	3.44	2.93 n=9	4.00	2.78 n=8
Mental: 9 <sup>th</sup> Concern°	3.75	2.18 n=16	2.06	1.92 n=16	4.14	2.93 n=14
Spiritual: 10 <sup>th</sup> Concern°	5.77	2.21 n=11	2.36	1.43 n=11	4.10	2.92 n=10

\*This paired samples t-test yielded a statistically significant difference between Baseline and Post-session data points,  $t(41)=9.147$ ,  $p<.0001$ ; between Baseline and One-week datapoints,  $t(34)=2.892$ ,  $p<.007$ ; between Post-session and One-week datapoints,  $t(34)=-4.186$ ,  $p<.0001$

\*\* This paired samples t-test yielded a statistically significant difference between Baseline and Post-session data points,  $t(36)=6.728$ ,  $p<.0001$ ; Inferential Statistics between Baseline and One-week; Post-session and One-week datapoints were not performed due to insufficient sample size.

° Inferential Statistics between Baseline and Post-session; Baseline and One-week; Post-session and One-week data points were not performed due to insufficient sample size.

\*\*\* This paired samples t-test yielded a statistically significant difference between Baseline and Post-session data points,  $t(40)=12.473$ ,  $p<.0001$ ; between Baseline and One-week datapoints,  $t(33)=6.139$ ,  $p<.0001$ ; between Post-session and One-week datapoints,  $t(33)=-2.716$ ,  $p=.010$ .

\*\*\*\* This paired samples t-test yielded a statistically significant difference between Baseline and Post-session data points,  $t(33)=10.153$ ,  $p<.0001$ ; Inferential Statistics between Baseline and One-week; Post-session and One-week datapoints were not performed due to insufficient sample size.

### Physical: 3<sup>rd</sup> and 4<sup>th</sup> Concerns

As is shown in table 16a and b, inferential statistics between Pre-session and Post-session; Pre-session and One-week; Post-session and One-week data points in both the intervention group and the control group were not performed due to insufficient sample size. It is interesting to note however that the pattern of the mean scores decreasing from Pre-session to the post with a slight increase of the One-week score is still evident.

### Emotional: 5<sup>th</sup> Concern

In the intervention group the paired samples t-test yielded a statistically significant difference between Pre-session and Post-session data points,  $t(40)=12.473$ ,  $p<.0001$ ; between Pre-session and One-week datapoints,  $t(33)=6.139$ ,  $p<0001$ ; between Post-session and One-week datapoints,  $t(33)=-2.716$ ,  $p=.010$ .

In the control group, statistical significance between the Pre-session and the Post-session data points was also achieved as is shown in table 16b. This paired samples t-test yielded a statistically significant difference between Pre-session and Post-session data points,  $t(39)=4.887$ ,  $p=.0001$ ; between Pre-session and One-week data points,  $t(30)=4.317$ ,  $p=.0001$ . The decrease in the mean score of the intervention group was 3.70 points, while the control group decreased, but only by one third (1.30 points). Both groups had higher mean scores. The control group's score went up by .81 points while the intervention group's increased by slightly more (1.15 points.) It is interesting to note that the intervention group's score decreased from the Pre-session by 2.47 points while the control group's mean score decreased by only 1.66 points. In the intervention group, the paired t-test yielded a statistically significant difference between Post-session and

One-week datapoints,  $t(33) = -2.716$ ,  $p=.010$ . In the control group, the paired samples t-test between Post-session and One-week data points did not yield a statistically significant difference between Pre-session and One-week data points,  $t(30)=1.212$ ,  $p=.235$  (refer to table 16b).

#### Emotional 6<sup>th</sup> Concern

In the intervention group, the paired samples t-test yielded a statistically significant difference between Pre-session and Post-session data points,  $t(33)=10.153$ ,  $p<.0001$ , as is seen in table 13a. There was a difference in the mean score of 3.84 points between the Pre-session and the Post-session. Once again, the One-week score increased slightly (.94 points) and the mean score of the 6<sup>th</sup> emotional concern finished with a 2.9 points decrease over the Pre-session.

Inferential statistics between Pre-session and One-week; Post-session and One-week datapoints were not performed due to insufficient sample size. In the control group, inferential statistics between Pre-session and Post-session; Pre-session and One-week; Post-session and One-week data points were not performed due to insufficient sample size. There was decrease between the Pre-session and post session by slightly more than a point. The One-week after session mean score was slightly higher and the final overall decrease was 1.23 overall compared to 2.90 for the intervention group.

#### Emotional 7<sup>th</sup> through 8<sup>th</sup> Concerns

In both the intervention group and in the control group, the sample size was insufficient and thus inferential statistics between Pre-session and Post-session; Baseline and One-week; Post-session and One-week data points were not performed. We continue to see the pattern of the Post score mean being lower than the Pre score; and the One-

week after session mean score higher than the Post-session, but lower than the Pre-session score for the intervention group. The One-week mean score was lower in the intervention group but it was not a sufficient sample size on which to conduct any inferential statistics..

Mental: 9th Concern and Spiritual: 10<sup>th</sup> Concern

Once again, the intervention group and the control group did not have a sufficient sample size to conduct the inferential statistics for either of these two concerns. Neither of the means of these two concerns seemed to fit into any of the patterns of the other concerns.

Table 16b. Mean of the Concerns Ratings: Pre and Post Datapoints  
For Control Group

	Pre-session		Post-session		One-week after Session	
	M	SD	M	SD	M	SD
Physical 1 <sup>st</sup> Concern~	4.34	2.21	3.36	2.17	3.89	2.95
Physical 2 <sup>nd</sup> Concern~~	3.37	2.51	2.66	2.15	3.54	2.53
Physical: 3 <sup>rd</sup> Concern°	4.33	2.36	3.00	2.16	2.82	1.91
Physical: 4 <sup>th</sup> Concern°	3.67	2.60	3.33	2.85	3.91	2.40
Emotional: 5 <sup>th</sup> Concern~~~	5.11	2.49	3.81	2.64	3.45	2.33
Emotional: 6 <sup>th</sup> Concern°	5.23	2.73	4.19	2.70	4.00	2.60
Emotional: 7 <sup>th</sup> Concern°	5.93	2.32	4.47	2.34	3.46	2.98
Emotional: 8 <sup>th</sup> Concern°	6.50	2.55	5.90	2.65	3.33	1.15
Mental: 9 <sup>th</sup> Concern°	4.00	2.68	3.08	2.23	2.40	2.61
Spiritual: 10 <sup>th</sup> Concern°	5.75	2.99	3.90	3.54	2.13	2.10

~ This paired samples t-test yielded a statistically significant difference between Baseline and Post-session data points,  $t(37)=4.635$ ,  $p=.0001$ ; Inferential Statistics between Baseline and 1week data points; Post-session and One-week data points were not performed due to insufficient sample size.

~~ This paired samples t-test yielded a statistically significant difference between Baseline and Post-session data points,  $t(34)=2.610$ ,  $p=.013$ ; Inferential Statistics between Baseline and One-week data points; Post-session and One-week data points were not performed due to insufficient sample size.

° Inferential Statistics between Baseline and Post-session; Baseline and One-week; Post-session and One-week data points were not performed due to insufficient sample size.

~~~ This paired samples t-test yielded a statistically significant difference between Baseline and Post-session data points,  $t(39)=4.887$ ,  $p=.0001$ ; between Baseline and One-week data points,  $t(30)=4.317$ ,  $p=.0001$ .

The paired samples t-test between Post-session and One-week data points did not yield a statistically significant difference between Baseline and One-week data points,  $t(30)=1.212$ ,  $p=.235$ .

### **Stress and Low Stress Groups**

Independent samples t-tests were done on the state, trait and Zung SDS scores in order to determine the extent of the difference between two groups: those who experienced personal excessive stress (stress group) in their lives 24 hours prior to the Pre and Post data points, and the week prior to the One-week after session data point; and those who did not (low stress group). It is worthwhile to note that same subjects may not be a part of each group at each of the data points. In other words, some subjects may have indicated a high level of stress at one data point, but not the next. Descriptive statistics were done for further clarification on both the education and the intervention groups within the low stress and the stress groups (see Table 16b)

#### State Scores

##### Independent Samples T-test

As is seen in table 14a, the independent t-test for Pre-state, Post state; and One-week state scores yielded a very strong statistically significant difference between the low stress group and the group which did experience a high level personal stress, prior to the Pre-session data point,  $t(79.6)= 4.926$ ,  $p<.0001$ ; prior to the Post-session data point,  $t(55.6)= 5.374$ ,  $p<.0001$ ; and prior to the One-week data-point,  $t(74.8)= 3.916$ ,  $p<.0001$ .

Table 17a. Independent T-Test for State Scores: Low Stress Group and Stress Group Datapoints

|                                 | Low Stress Group |      | Stress Group |               |
|---------------------------------|------------------|------|--------------|---------------|
|                                 | M                | SD   | M            | SD            |
| Pre-State**<br>(Past 24 hrs)    | 31.76            | n=33 | 42.60        | n=53<br>11.39 |
| Post-State ***<br>(Past 24 hrs) | 28.98            | n=49 | 41.43        | n=37<br>12.46 |
| One-week State*<br>(Past week)  | 32.07            | n=45 | 41.29        | n=41<br>12.76 |

\*\* This independent t-test yielded a statistically significant difference between the low stress in the past 24 hours group and the stress group which did experience stress at the Pre-state data point,  $t(79.6)= 4.926$ ,  $p<.0001$

\*\*\* This independent t-test yielded a statistically significant difference between the low stress in the past 24 hours group and the stress group which did experience stress at Post-state data point,  $t(55.6)= 5.374$ ,  $p<.0001$

\* This independent t-test yielded a statistically significant difference between the low stress in the past 24 hours group and the stress group which did experience stress in the past 24 hours at One-week state data point,  $t(74.8)= 3.916$ ,  $p<.0001$

Table 17b. Mean Measures for State Scores: Low Stress and Stress Groups Data Points in Control and Intervention Groups

|                                       | Low Stress    |      |               |       | Stress        |       |               |       |
|---------------------------------------|---------------|------|---------------|-------|---------------|-------|---------------|-------|
|                                       | Control       |      | Intervention  |       | Control       |       | Intervention  |       |
|                                       | Mean          | SD   | Mean          | SD    | Mean          | SD    | Mean          | SD    |
| Pre-State<br>(Stress Past 24 hours?)  | n=20<br>31.40 | 7.47 | n=13<br>32.31 | 11.07 | n=23<br>42.04 | 10.99 | n=30<br>43.03 | 11.85 |
| Post State<br>(Stress Past 24 hours?) | n=24<br>29.79 | 8.20 | n=25<br>28.20 | 7.00  | n=19<br>44.89 | 12.17 | n=18<br>37.78 | 12.03 |
| One-week State<br>(Stress Past-Week?) | n=20<br>31.30 | 8.62 | n=25<br>32.68 | 9.99  | n=23<br>42.43 | 11.69 | n=18<br>39.83 | 3.05  |

## Descriptive Statistics

It would seem obvious that a higher mean state score would correspond with a high a higher level of stress. In order to see if there was a connection between the intervention group, the control group, and the presence of stress, descriptive statistics were conducted using state scores. The sample sizes were not sufficient to conduct inferential statistics, therefore only mean and standard deviations are listed. Table 17b shows the scores for both the intervention and the control groups decrease at the Post – session data point 4.11 points and 1.61 points respectively), but essentially remained the same at the One-week. The means of the Pre and One-week state scores education stress group stayed almost the same. However, the Post-session state mean score, was higher at 2.85 points, before it returned to the near Pre-state level. It is surprising to note that the intervention group part of the experienced crisis group, not only decreased from the Pre-state level by 5.25 points, they ended at a level which was lower at the One-week after session data point by 3.20 points despite having a high level of stress!

## Trait Scores

### Independent Samples T-test

As expected, Table 18a shows that the independent t-test for Pre-trait scores yielded a very strong statistical significant difference between the low stress group and the stress group prior to the Pre-session data point,  $t(77.4)= 4.152$ ,  $p<.0001$  indicating that the groups are very different. There was a strong statistically significant difference in the stress group and the low-stress group in the Post-trait,  $t(79.0)= 3.591$ ,  $p<.001$ , and also between the stress experienced in the week prior to the One-week group and low stress group trait data point,  $t(82.0)= 2.672$ ,  $p<.009$ .

Table 18a. Independent T-Test for Trait Anxiety Scores: Low Stress Group and Stress in Group Datapoints

|                                | M | Low Stress Group<br>SD | M     | Stress Group<br>SD |       |
|--------------------------------|---|------------------------|-------|--------------------|-------|
| Pre-Trait †††<br>(Past 24 hrs) |   | n=33<br>34.58          | 9.13  | n=53<br>43.70      | 11.05 |
| Post-Trait††<br>(Past 24 hrs)  |   | n=49<br>35.04          | 9.99  | n=37<br>42.70      | 9.65  |
| One-week Trait†<br>(Past week) |   | n=45<br>34.69          | 10.21 | n=41<br>40.78      | 10.87 |

††† This independent t-test yielded a statistically significant difference between the low stress in the past 24 hours group and the stress group which did experience stress datapoints,  $t(77.4) = 4.152$ ,  $p < .0001$

†† This independent t-test yielded a statistically significant difference between the low stress in the past 24 hours group and the stress group which did experience stress datapoints,  $t(79.0) = 3.591$ ,  $p < .001$

† This independent t-test yielded a statistically significant difference between the low stress in the past 24 hours group and the stress group which did experience stress in the past 24 hours datapoints,  $t(82.0) = 2.672$ ,  $p < .009$

Table 18b Mean Measures for Trait Scores: Low Stress and Stress Groups Data Points in Control Session and Intervention Groups

|                                       | Low Stress    |       |               |       | Stress        |      |               |       |
|---------------------------------------|---------------|-------|---------------|-------|---------------|------|---------------|-------|
|                                       | Control       |       | Intervention  |       | Control       |      | Intervention  |       |
|                                       | Mean          | SD    | Mean          | SD    | Mean          | SD   | Mean          | SD    |
| Pre-Trait<br>(Stress Past 24 hours?)  | n=20<br>33.30 | 7.82  | n=13<br>36.69 | 10.84 | n=23<br>42.96 | 9.63 | n=30<br>44.27 | 12.15 |
| Post Trait<br>(Stress Past 24 hours?) | n=24<br>33.13 | 7.77  | n=25<br>36.88 | 11.60 | n=19<br>41.74 | 9.56 | n=18<br>43.72 | 9.91  |
| One-week Trait<br>(Stress Past Week?) | n=20<br>32.75 | 9.925 | n=25<br>36.24 | 10.37 | n=23<br>39.70 | 9.20 | n=18<br>42.17 | 12.84 |

## Descriptive Statistics

The sample sizes were not sufficient to conduct inferential statistics, therefore only mean and standard deviations are listed (see Table 18b.) Once again, in order to see if there was a connection between the intervention group, the control group, and stress, descriptive statistics were conducted for the trait scores. The sample sizes were not sufficient to conduct inferential statistics. Table 18b shows that the mean trait scores in the Education Session and the intervention groups changed very little from the Pre-trait, Post-trait to the One-week trait data points (less than a point difference). As with the state scores comparison, it is in the stress group where there is a drop in the mean scores. This was reflected in the independent t-test found on table 18a. In the intervention stress group there was an decrease observed from the Pre-trait mean score to the One-week trait score by 2.11 points despite there being personal crisis and stress during that time. However, in the education high stress group, it was surprising to note that this was where the biggest difference was found. From the Pre-trait to the One-week, there was an decrease in the trait mean scores of 3.26 points. It is also interesting to note that it was in the paired sample t-test of the same Pre-session and After-session in the control group that statistical significance was the result (see table 12b).

## Zung SDS Scores

### Independent Samples T-test

Once again the independent t-tests yielded a statistically significant difference between the low stress group and the stress group at the Pre-session data points,  $t(77.1)=3.276$ ,  $p<.002$ ; at the Post-session data point,  $t(81.3)=2.125$ ,  $p<.037$ ; and at the One-week after session data point,  $t(81.2)=2.512$ ,  $p<.014$  (refer to table 19a). As expected the

Zung SDS mean scores were higher in the stress group than in the no stress group at all three data points. The low stress group scored as having a higher Post-session score by 1.82 points only to decrease to a level .64 points lower than the Pre-session . The stress group dropped gradually to a score that is 2.72 points better than the Pre-session score.

### Descriptive Statistics

The sample sizes were insufficient to conduct inferential statistics. As expected the stress group had a higher mean level of depression indicated by the Zung SDS Index. In order to determine what the measurements would reveal within the control and the intervention groups and the impact that stress may have on those scores, group statistics were done on the mean measures for both in the low stress and stress groups. Once again, there was very little movement in the control group with no stress. The mean score increased by 1.57 points but were within .40 points of the Pre-session mean. The intervention low stress group also slightly increased by 1.21 points at the post-Zung SDS data point and then decreased by 2.96 points at the One-week after session data point. That One-week Zung SDS score was 1.75 points higher than the Pre-Zung SDS score.

In the Control Session Stress group the mean score gradually decreased by just over a point at the One-week Zung SDS data point. Like the state mean measures, the intervention stress group decreased by a full 4.09 points once again indicating the strongest decrease in the level of measurable depression of the four groups. The decrease was progressive without the hiccup of an increase in the Post-session as there was in the intervention low stress group.

Table 19a. Independent T-Test for Zung SDS Scores for Low Stress Group and Stress Group Datapoints

|                        | M     | Low Stress Group |       | Stress Group |       |
|------------------------|-------|------------------|-------|--------------|-------|
|                        |       | SD               | n=33  | M            | SD    |
| Pre-Zung (SDS) §§§     | 42.06 |                  | 9.59  | 49.89        | 11.96 |
| (Past 24 hrs)          |       |                  |       |              |       |
| Post-Zung (SDS) §      | 43.88 |                  | 10.34 | 48.38        | 9.35  |
| (Past 24 hrs)          |       |                  |       |              |       |
| One-week Zung (SDS) §§ | 41.42 |                  | 10.07 | 47.17        | 11.06 |
| (Past week)            |       |                  |       |              |       |

§§§ This independent t-test yielded a statistically significant difference between the low stress in the past 24 hours group and the stress group which did experience stress datapoints,  $t(77.1)= 3.276$ ,  $p<.002$

§ This independent t-test yielded a statistically significant difference between the low stress in the past 24 hours group and the stress group which did experience stress datapoints,  $t(81.3)= 2.125$ ,  $p<.037$

§§ This independent t-test yielded a statistically significant difference between the low stress in the past 24 hours group and the stress group which did experience stress in the past 24 hours datapoints,  $t(81.2)= 2.512$ ,  $p<.014$

Table 19b. Mean Measures for Zung SDS Scores: Low Stress and Stress Groups Data Points in Control and Intervention Groups

|                                       | Low Stress |      |              |       | Stress  |       |              |       |
|---------------------------------------|------------|------|--------------|-------|---------|-------|--------------|-------|
|                                       | Control    |      | Intervention |       | Control |       | Intervention |       |
|                                       | Mean       | SD   | Mean         | SD    | Mean    | SD    | Mean         | SD    |
| Pre-Zung SDS (Stress Past 24 hours?)  | n=20       |      | n=13         |       | n=23    |       | n=30         |       |
|                                       | 40.60      | 8.48 | 44.31        | 11.91 | 48.39   | 11.94 | 51.03        | 12.06 |
| Post Zung SDS (Stress Past 24 hours?) | n=24       |      | n=25         |       | n=19    |       | n=18         |       |
|                                       | 42.17      | 8.02 | 45.52        | 12.10 | 47.05   | 10.73 | 49.78        | 7.68  |
| One-week Zung SDS (Stress Past Week?) | n=20       |      | n=25         |       | n=23    |       | n=18         |       |
|                                       | 40.00      | 9.54 | 42.56        | 10.53 | 47.35   | 9.96  | 46.94        | 12.61 |

## **Energy Medicine Experienced and Energy Medicine Trained**

Some (58) of the subjects in the total sample had some or little experience with the field of energy medicine, while others (28) had a great deal of experience and had received training in this field. Since both the sample sizes were close or greater than 30, independent t-tests were performed on the state, trait and Zung SDS scores to identify a possible pattern in the scores according to the whether the subject had received energy medicine training (EMT) or only had experienced it to some degree, energy medicine experience (EME). Descriptive analysis was conducted for the control and the intervention groups in both the energy medicine experience and the energy medicine training groups since the sample size was insufficient to conduct inferential statistics.

### State Scores

#### Independent Samples T-Test

Table 20a. reveals that the independent t-tests yielded a statistically significant difference between the experienced only group and the trained in energy medicine group data points,  $t(52.0)= 2.753$ ,  $p=.008$  for the Pre-state score;  $t(50.8)= 1.788$ ,  $p=.080$  for the Post-state score; and  $t(54.8)= 2.610$ ,  $p=.012$  for the One-week state score. This seems to indicate that amount of experience with energy medicine does have an effect on the mean scores and these two groups are in fact very different. Interestingly, the means for the state scores of the group of those subjects who had only experienced some energy medicine, was much higher than the group of subjects who had trained in energy medicine by 7.22 points (see table 20a). This appears to indicate that the measurable

Table 20a. Independent T-Test for Pre-State Scores: Energy Medicine Experience Group and Energy Medicine Training Group Data Points

|                   | EME Group<br>n=58 |       | EMT Group<br>n=28 |       |
|-------------------|-------------------|-------|-------------------|-------|
|                   | M                 | SD    | M                 | SD    |
| Pre-State ***     | 40.79             | 11.67 | 33.57             | 11.51 |
| Post-State *      | 35.91             | 11.32 | 31.07             | 11.98 |
| One-week State ** | 38.66             | 11.40 | 31.93             | 11.10 |

\*\*\* This independent t-test yielded a statistically significant difference between experienced only group and the trained in energy medicine group datapoints,  $t(52.0)= 2.753$ ,  $p=.008$

\* This independent t-test yielded a statistically significant difference between experienced only group and the trained in energy medicine group datapoints,  $t(50.8)= 1.788$ ,  $p=.080$

\*\* This independent t-test yielded a statistically significant difference between experienced only group and the trained in energy medicine group datapoints,  $t(54.8)= 2.610$ ,  $p=.012$

Table 20b. Mean Measures for Pre-State Scores: Energy Medicine Experience Group and Energy Medicine Training Group Datapoints for Control Session and Intervention Groups

|                | Energy Medicine Experience |       |                   |      | Energy Medicine Training |       |                   |       |
|----------------|----------------------------|-------|-------------------|------|--------------------------|-------|-------------------|-------|
|                | Control n=30               |       | Intervention n=28 |      | Control n=13             |       | Intervention n=15 |       |
|                | Mean                       | SD    | Mean              | SD   | Mean                     | SD    | Mean              | SD    |
| Pre-State      | 39.07                      | 12.0  | 42.64             | 10.9 | 32.54                    | 5.75  | 34.47             | 15.01 |
| Post State     | 38.63                      | 13.11 | 33.00             | 8.29 | 31.46                    | 9.92  | 30.73             | 13.86 |
| One-week State | 39.23                      | 12.00 | 38.04             | 10.9 | 32.69                    | 10.06 | 31.27             | 12.24 |

level of anxiety is higher in those who were less familiar with energy medicine in this sample. The post-state scores decreased in both groups but more so in the EME group (4.88 points in EME group compared to a 2.5-point decrease in the EMT group).

The One-week state score was higher than the Post-test which (-2.75 in the EME group compared to -.86 in the EMT group, indicating slight increases in anxiety) but remained lower than the Pre-state score (2.13 points better in EME group and 1.64 points in the EMT group). The EME group had a greater increase during after the session. By the end of the One-week, there was only 6.73 points difference between them.

### Descriptive Statistics

In the energy medicine experience only control group, there was very little movement. However, the mean score for the intervention group decreased from Pre-state to Post-state by 9.64 points (see table 21b)! It did increase again but still stayed 4.60 points higher than the Pre-state score by 4.6 points. The EMT control group stayed virtually the same from Pre-state to one week with a slightly more pronounced increase from Pre-state to Post-state. The EMT intervention group increase by 3.74 points from the Pre-state mean score to the Post-state mean score with a half point increase at the One-week state data point ending with an overall increase of 3.20 points. This was a much larger increase than the EMT Education Session or the EME control group but not as much as the energy medicine experienced intervention group.

### Trait Scores

#### Independent Samples T-Test

Table 21a reveals that the independent t-tests for measurable levels of trait anxiety demonstrated statistical significance for all three of the data points: Pre-trait,

$t(53.9)=2.790$ ,  $p=.007$ ; post-trait:  $t(55.1)=2.819$ ,  $p=.007$  and One-week trait,  $t(58.2)=3.117$ ,  $p=.003$ . This seems to demonstrate that the energy medicine experience group and the energy medicine trained group are very different from each other. Once again the mean trait score for the EME group was much higher than the EMT group by 6.91 points, again indicating a higher level of trait anxiety in this group. The scores for both groups decreased steadily in the post-trait at about the same rate, with the EMT group doing slightly better (2.83 point decrease) in the One-week trait mean score (2.5 decrease) as is seen in table 22a.

Table 21a. Independent T-Test for Trait Anxiety Scores: Energy Medicine Experience Group and Energy Medicine Training Group Datapoints

|                  | EME Group<br>n=58 |       | EMT Group<br>n=28 |       |
|------------------|-------------------|-------|-------------------|-------|
|                  | M                 | SD    | M                 | SD    |
| Pre-Trait **     | 42.45             | 10.83 | 35.54             | 10.74 |
| Post-Trait ***   | 40.45             | 10.21 | 33.96             | 9.89  |
| One-week Trait * | 39.95             | 10.72 | 32.71             | 9.77  |

\*\* This independent t-test yielded a statistically significant difference between experienced only group and the trained in energy medicine group datapoints,  $t(53.9)=2.790$ ,  $p=.007$

\*\*\* This independent t-test yielded a statistically significant difference between experienced only group and the trained in energy medicine group datapoints,  $t(55.1)=2.819$ ,  $p=.007$

\* This independent t-test yielded a statistically significant difference between experienced only group and the trained in energy medicine group datapoints,  $t(58.2)= 3.117$ ,  $p=.003$

Table 21b. Mean Measures for Trait Anxiety Scores: Energy Medicine Experience Group and Energy Medicine Training Group Datapoints for Control and Intervention groups

|                | Energy Medicine Experience |       |                   |       | Energy Medicine Training |      |                   |       |
|----------------|----------------------------|-------|-------------------|-------|--------------------------|------|-------------------|-------|
|                | Control n=30               |       | Intervention n=28 |       | Control n=13             |      | Intervention n=15 |       |
|                | Mean                       | SD    | Mean              | SD    | Mean                     | SD   | Mean              | SD    |
| Pre-Trait      | 40.57                      | 10.76 | 44.46             | 10.73 | 33.46                    | 5.80 | 37.33             | 3.522 |
| Post Trait     | 38.70                      | 9.94  | 42.32             | 10.34 | 32.85                    | 7.31 | 34.93             | 3.06  |
| One-week Trait | 38.47                      | 10.98 | 41.54             | 10.39 | 31.85                    | 5.44 | 33.47             | 3.24  |

## Descriptive Statistics

The sample sizes were too small to run inferential statistics, but once again, there seemed to be some patterns emerging. All the groups showed a decrease in the mean trait score from Pre-trait. As is evident in table 21b, the greatest decrease is shown in the intervention group trained in energy medicine with an overall decrease through the Post-session trait (2.4 points better) to the One-week trait of (3.86 points). The next largest measurable decrease in measurable trait anxiety is in the intervention group in the energy medicine experience group. This EME intervention group decreased the most in the Pre-trait to post-trait by 2.14 points with an overall decrease in the Pre-session of 2.92. The third group whose scores decreased was the control group in the EME group. It decreased by 1.87 points from the Pre-trait score to the post-trait and then slightly until the One-week trait was at an overall decrease of 2.1 points. The EMT control group also decreased slightly at the Pre-trait and the post-trait (.61 points) and a full point lower at the One-week trait data point. It seems there could be a trend to lowering trait anxiety scores with education and integrated energy rebalancing with the greatest decrease in the both the intervention groups.

## Zung SDS Scores

### Independent T-tests

As with the state scores and the trait scores, the independent t-tests yielded a statistically significant difference between the only experienced energy medicine group and the trained in energy medicine group, at all three data points: at the Pre-session data point,  $t(68.2)= 3.062$ ,  $p=.003$ ; at the Post-session data point,  $t(57.5)= 2.445$ ,  $p=.018$ ; at

the One-week data point,  $t(69.5)= 3.346$ ,  $p=.001$  (see table 22a). As we have seen in the state and the trait scores, those who did not have background knowledge in the field of energy medicine and having only experienced it, also had a much higher level of measurable depression (7.3 points.) than those who had trained in energy medicine. Scores for both groups decreased at each data point and at about the same rate.

### Descriptive Statistics

In order to see if there was a pattern within each of the EME and the EMT groups, in terms of the education and the intervention groups, descriptive statistics were conducted (see table 22b). There were insufficient numbers to do inferential statistics. As occurred in the state scores, there was little movement in the mean scores in the control group for those who had only experienced energy medicine. However for those in the EME who had an Integrated Energy Rebalancing session, the mean scores seem to indicate the strongest decrease. The decrease was 2.39 points at the Post-session data point and almost three points lower at the One-week after session data point for a total of a 5.32-point decrease. The next largest measurable increase in measurable depression is in the intervention group in the trained in energy medicine group. The increase here is gradual after the Post-session (.33 points) and more pronounced at the One-week data point by 3.03 points, for a total decrease of 3.26 points. The last group is the control group in the EMT group. The mean scores of this group dropped slightly by almost a point (.92) at the Post-session data point and decreased by the One-week data point by almost three points. The mean scores increased by 2 points overall.

Table 22a. Independent T-Test for Zung SDS Scores for Depression: Energy Medicine Experience Group and Energy Medicine Training Group Datapoints

|                   | EME Group<br>n=58 |       | EMT Group<br>n=28 |      |
|-------------------|-------------------|-------|-------------------|------|
|                   | M                 | SD    | M                 | SD   |
| Pre-Zung **       | 49.26             | 12.22 | 41.96             | 9.32 |
| Post-Zung *       | 47.57             | 10.10 | 42.18             | 9.32 |
| One-week Zung *** | 46.52             | 11.23 | 39.29             | 8.36 |

\*\* This independent t-test yielded a statistically significant difference between experienced only group and the trained in energy medicine group datapoints,  $t(68.2)= 3.062$ ,  $p=.003$

\* This independent t-test yielded a statistically significant difference between experienced only group and the trained in energy medicine group datapoints,  $t(57.5)= 2.445$ ,  $p=.018$

\*\*\* This independent t-test yielded a statistically significant difference between experienced only group and the trained in energy medicine group datapoints,  $t(69.5)= 3.346$ ,  $p=.001$

Table 22b. Mean Measures for Zung SDS Scores for Depression: Energy Medicine Experience Group and Energy Medicine Training Group Datapoints for Control and Intervention groups

|               | Energy Medicine Experience |       |                   |       | Energy Medicine Training |      |                   |       |
|---------------|----------------------------|-------|-------------------|-------|--------------------------|------|-------------------|-------|
|               | Control n=30               |       | Intervention n=28 |       | Control n=13             |      | Intervention n=15 |       |
|               | Mean                       | SD    | Mean              | SD    | Mean                     | SD   | Mean              | SD    |
| Pre-Zung      | 46.27                      | 11.81 | 52.46             | 12.04 | 41.31                    | 8.58 | 42.53             | 10.18 |
| Post Zung     | 45.23                      | 9.94  | 50.07             | 9.83  | 42.23                    | 8.47 | 42.30             | 10.30 |
| One-week Zung | 45.93                      | 11.01 | 47.14             | 11.62 | 39.31                    | 6.92 | 39.27             | 9.68  |

### **Verbal Feedback**

At the end of each integrated energy rebalancing or Education Session, each subject was asked by the investigator, "How do you feel now compared to how you felt when you came, at the beginning of the session?" Nothing else was asked and no vocabulary was suggested. The investigator recorded their responses in the words of the subject on the form that was used to hand record the details of the Baseline concerns, goal, and energy balancing session. These comments included different words with common themes in both the intervention group and the control group. In addition, some of the subjects also gave unsolicited feedback on how they were feeling and the impact that the session had on them, when they returned the One-week questionnaire. Still others contacted the investigator simply to offer feedback. All of the comments are noted in the appendix F as quotes. A comparison of the most common terms the subjects used to describe how they felt is recorded in Table 23.

Table 23: Frequencies of Descriptive Terms in Verbal Feedback in Control Group and Intervention Group in Post-session and One-week Datapoints

| <u>Descriptive Term</u> | <u>Number of Subjects Who Used that Term</u> |                      |
|-------------------------|----------------------------------------------|----------------------|
|                         | <u>Intervention group</u>                    | <u>Control group</u> |
| Relaxed                 | 10                                           | 4                    |
| Clear, Clarity          | 14                                           | 1                    |
| Lighter, Light          | 10                                           | 4                    |
| Better                  | 12                                           | 2                    |
| Calm                    | 9                                            | 3                    |
| Good                    | 7                                            | 1                    |
| Grounded                | 5                                            | 0                    |
| Peaceful                | 8                                            | 1                    |
| Hopeful                 | 3                                            | 3                    |
| Tired                   | 2                                            | 1                    |
| Less or not as anxious  | 3                                            | 2                    |
| Same                    | 0                                            | 14                   |
| Connected               | 4                                            | 2                    |
| Disappointed            | 0                                            | 2                    |

#### Intervention Group Immediately After IER© Session

(The full accounts of each of the procedures as well as the verbal feedback are included in the appendix G and can be found under the Case Reports for the Intervention Group.) The “intervention subjects” as a group had much more to say, than the control group, immediately following their energy balance. Generally, as evident from their remarks, they were enthusiastic and positive. One subject said he felt taller. Another

commented that she saw everything much “clearer” and is “believing in herself.”

Another reported not feeling “as anxious” and still another said her pain and anxiety were greatly relieved.”

#### Control Group Immediately After Education Session

Fourteen out the forty-three subjects said they felt the “same” with no other comment. The other twenty-nine reported that they felt some changes from when they came at the beginning of the session. As a whole, the answers that were given by this group were brief when compared to the intervention group. One woman commented that the dowsing demonstration and learning, helped her feel less vulnerable. Generally, this group felt the same or they felt stimulated from the new information that they had just received. For many of them, it was a different way of viewing their lives and it gave them a fresh out-look; another woman remarked that she felt enlightened and understood more what was going on with the way she felt, which meant she would be open to change. When another woman connected her physical symptom to her emotions by thinking of something sad, as requested by the investigator as a part of the dowsing experiment, her nose “un-stuffed.” The words chosen by the control group, were similar, but did not occur with the same frequency as the intervention group (refer to table 23). There was also disappointment expressed by two people that they did not receive the energy balancing. Eight expressed that they were somehow inspired with the information they had just heard. Another woman wrote that she had such a relaxing bath just before she filled out her Post-session questionnaire that her STAI score dropped by 16 points. It did return to the Pre-session level at the One-week intervention data-point.

### Intervention Group One-Week after IER© Session

Twelve subjects in the intervention group volunteered unsolicited feedback after the One-week session data point. One man commented, as he dropped off his completed one week after session questionnaire, that he thought he had been angry with himself for years. At the balancing session he realized that he was actually angry with his father. Several noted that their increased stress level for the week, did not seem to bother them as much. One subject commented that she had the same stresses and pressures, but felt clear, content and satisfied.” Six subjects out of six on a “perchance” encounter with the investigator, commented that they were still feeling the benefits of the balance. They felt lighter and clearer and that their anxiety was greatly relieved. They spoke of feeling energized, positive, or better able to cope. Three subjects said three weeks later, that they would have liked to have filled out another questionnaire at that point. One woman received some very serious news of a friend’s son who had been murdered just after the Post-session integrated energy rebalancing session. Her scores all returned to the high Pre-session level after the state had dropped by 28 points! Her trait, interestingly enough, had gone up after the intervention session by 5 points. Her Zung SDS was relatively unaffected. It dropped by 2 points after the balancing session and increased by only one point after the tragedy. Another woman got a new job for the first time in eleven years, and yet her STAI score only went up by three points from Post-session to the One-week after session data-point and it was still 7 points lower than the Pre-session score. Her trait was also reduced from the Pre-session by 7 points and her Zung SDS score dropped by 8 points from the Pre-session.

### Control Group One-Week After Education Session

There were two (compared to five in the intervention group) who wrote unsolicited positive comments on the one week questionnaire about how they were feeling. One woman commented that her goal was to connect to her inner strength. Something was triggered with the investigator's expression "Root/Time Event?" She said that because she knew that there was a reason for why she felt how she did, that she now saw that she didn't have to feel that way any more!" One subject had a positive experience just prior to the One-week data point which may have contributed to her lower STAI and SDS scores. She got a new dog and her state scores dropped by 14 points from the Post to the One-week; her trait by 6 points and her Zung SDS by 23 points!

### Summary of Results

#### Paired T-tests

##### Intervention Group

In the paired sample t-tests, all but one of the nine paired sample t-tests in the intervention group yielded a statistically significant difference. Eight paired sample t-tests reached significance (two at less than the .0001 level; two at less than the .001 level; one at less than the .002 level; one at less than the .007 level; one at less than the .009 level; and one at less than the .04 level (see tables 10a, 12a, 14a).

### Control Group

Only one of the nine paired sample t-tests in the control group yielded a statistically significant difference at the level of less than .030. Eight were not significant. (See tables 10b, 12b, 14b).

### Independent T-tests

None of the Independent T-tests yielded a statistically significant difference between the intervention group and the control group. However two of the four Pre-session and Post-session, and one of the Pre-session and One week after session approached significance at the level of .097 or better, if significance were set at .1 (refer to tables 11, 13, 15).

### Means of Concerns for Each Group

### Intervention Group

There was statistical significance in all eight of the paired samples t-tests for the intervention group regarding the means of concerns (where the sample size was more than thirty): six at the .0001 level; one at the .007 level; one at .010 level (refer to table 16a).

### Control Group

In the means of concerns, the control group was statistically significant in four out of the five paired sample t-tests (where the sample size was more than thirty): three at the level of less than .0001; and one at the level of .013. Statistical significance was not reached (.235) in the fifth paired sample (see table 16b)

## Stress and Low Stress Groups

### Independent Samples T-test

These independent t-tests yielded statistically significant differences between the group that had experienced personal crisis or stress prior to the data points (Stress) and those who did not have a crisis or stress prior to the data points (Low Stress) group at the Pre-session, Post-session and the One-week data points, in the state, trait and Zung SDS scores, at the following levels:

#### State Scores

p<.0001 level for the Pre-state; p<.0001 level for the Post-state; p<.0001 level for the One-week state (refer to table 17a).

#### Trait Scores

<.0001 level for the Pre-trait; <.001 level for the post-trait; <.009 level for the One-week trait (refer to table 18a).

#### Zung SDS Scores

<.002 level for the Pre-Zung; <.037 level for the post-Zung; <.014 level for the One-week Zung (refer to table 19a).

Although there were insufficient numbers to do inferential statistics, some very interesting descriptive statistics were found in the intervention and control groups between those who had experienced a personal crisis or stress and those who did not.

## Energy Medicine Experienced and Energy Medicine Trained

### Independent Samples T-test

These independent t-tests yielded statistically significant differences between energy medicine experienced group and the energy medicine trained group at the Pre-session, Post-session and the One-week data points, in the state, trait and Zung SDS scores at the following levels:

#### State Scores

<.008 level for the Pre-state; <.08 level for the post-state; <.012 level for the One-week state (refer to table 20a).

#### Trait Scores

<.007 level for the Pre-trait; <.007 level for the post-trait; <.003 level for the One-week trait (refer to table 21a).

#### Zung SDS Scores

<.003 level for the Pre-Zung; <.018 level for the post-Zung; <.001 level for the One-week Zung (refer to table 22a).

Although there were insufficient numbers to do inferential statistics for the integrated energy rebalancing and the control groups within the energy medicine experienced/energy medicine trained groups, some very interesting descriptive statistics were noted.

In Chapter 4 DISCUSSION, some of the possible reasons for these results in the statistical analysis are dealt with, along with the strengths and weaknesses of this particular research project. There will be a discussion for further research and the implications of what the results of this research may be for health care professionals, the general population, as well as for the field of energy medicine.

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NOTES

Chapter 3

<sup>1</sup> Richard Bach, *Illusions: The Adventures of a Reluctant Messiah*, (New York: Bantam, 1977) 119

<sup>2</sup> Zung, W.W.K.: A self-rating depression scale. *Arch. Gen. Psychiat.*, 12:63-70, 1965.

<sup>2</sup> ibid.

<sup>4</sup> Ibid.

**APPENDIX N:  
DISCUSSION CHAPTER FROM  
GREENWICH DISSERTATION**

## CHAPTER 4

### DISCUSSION

“The body weeps the tears  
the eyes refuse to shed”<sup>1</sup>

#### **Did Integrated Energy Rebalancing© Have an Impact on Anxiety and Depression?**

Integrated Energy Rebalancing© had a statistically significant impact on the reduction measurable levels of anxiety, at both the state and trait levels, immediately following the energy balancing session for the intervention group according to the scores on the STAI questionnaires. This improvement was not evident in the control group.

The measurable levels of depression of the subjects in the intervention group did improve, following the energy balancing session at a significant level according to the scores obtained from the Zung SDS Index questionnaires. The control group did not have this change.

All of the scores measuring levels of state and trait anxiety, and depression One-week after, were also statistically significantly decreased over the baseline scores, which may indicate that the improvement was maintained. The control group also improved but only in the level of trait anxiety from the baseline to One-week later. There was no statistically significant change in the Pre-session to the One-week after session score, for either the state anxiety, or the level of depression in the control group.

The level of measured state anxiety and depression increased for the intervention group as a whole, from the Post-session to the One-week after the session, but remained lower than the baseline scores. The decrease from Post-session trait anxiety to the One-

week after session anxiety was not significant in the intervention group. In the control group, none of the Post-session scores for state or trait anxiety or SDS index of depression was significant.

### **Possible Explanations for State, Trait Anxiety, and Depression Score Differences between Data Points**

#### **Paired T-tests for Each Group**

In the model of integrated energy rebalancing, emotional issues are stored energetically<sup>2</sup> in the body and can be accessed, as directed by the inner wisdom of the body, using muscle testing to answer questions found in the conceptual model of the menus. The body directs where the causes to the imbalances are located on the map and using the energy balancing techniques found in appendix C, the energetic interferences, which are preventing the body from healing itself, are cleared. The body then, no longer needs the symptom to draw attention to the underlying emotional or spiritual causes. When all of the causes to the energetic disturbance are cleared and rebalanced, the body can move towards wholeness. In BEST™, as it is practiced in a clinical setting, the client is typically seen by the BEST™ practitioner for several sessions, with each lasting from one to one and a half hours. In this research project, the subject was seen for a single, forty-five minute balancing session. Even in this short amount of time, statistically significant changes were demonstrated in the group that received the integrated energy rebalancing session for 11 out of 12 outcomes measures. This means that the statistics indicate that there are measurable effects on the Pre, Post and One-week after session scores of state and trait anxiety and depression.

The state and Zung SDS index scores that decreased after a balance could be explained very simply with this model. As with the control group, the subjects came in with a concern or concerns, which were discussed, and they set a goal of where they would “like to be at the end of the session.” They received a balance using the muscle testing which allowed the body to test through the decision tree to determine the particular energetic disturbances creating the imbalance. As each of those causes were cleared, the initial concern no longer needing to draw attention to itself, was able to test with a strong indicator muscle test, and the concern was free to clear or improve, on its own. Thus, the levels of anxiety and depression were decreased. As the causes of depression, anxiety, as well as other physical, emotional, mental, and spiritual concerns were balanced, the body cleared the energy which (according to this model) was ‘heavier or denser.’ As a result the subject felt less depressed or anxious, and marked the questionnaires accordingly.

#### Post-Session to One-Week Scores

In this study, the Pre-session and Post-session periods in which the tests were administered, were the only testing periods in which the principal investigator was able to exert any control over the testing conditions, because after this, subjects went back to their individual lifestyles for the subsequent testing period. The Post-session to One week after session scores, therefore, had other confounding variables influencing them.

#### State Anxiety Scores

For the intervention group, the state anxiety scores increased after the Post-session balance but maintained a higher score over the Pre-session score. There are

several possible explanations for this behaviour of the intervention group. Perhaps there are new issues that have come forward as a result of the energy balance. It may have been in the subject's best interest to deal with, and release the energy. Most clients in a clinical BEST™ practice have more than one session. The first session often "stirs up" old issues. While some of those issues are cleared, it is not generally possible to balance all the issues in a single energy balancing session. One subject commented two and a half weeks after the energy balancing session, how amazed she was over this energy balancing experience and how she had opened up to thinking about things she had not thought about before. Her state, trait and SDS Index scores all increased. Further balancing sessions may have helped her to clear the potential energy<sup>3</sup> those issues held for that particular subject. Other possible explanations for this pattern include: the subjects leaving the office setting where the research was being done, and returning to their normal lives and experiencing new stresses in their day-to-day life; or perhaps these people were feeling better, and the questions in the questionnaire were not sensitive enough to detect the change.

#### Trait Anxiety Scores

There were two interesting notes to comment on, in the trait scores that were different from the state and SDS Index scores, one in each group.

#### Intervention group

The only finding in this group that was not statistically significant was the post-trait and One-week trait of paired sample t-tests. There are several possible explanations for this. The first temptation is to use the reasoning that all trait scores tend to be much harder to change than state or Zung.<sup>4</sup> Yet we saw a significant decrease in the Pre-

session to Post-session, as well as Pre-session to the One-week in the state scores. A more plausible explanation may be that there were no additional interventions between Post-trait and One-week, and the subjects had gone back to their regular lifestyles with the stressors, which go along with that. It makes sense that they would score higher the more time had passed. Another explanation considers the practical use of energy medicine. It is often noted, that following an energy balancing session, there can be a period of time (which may last from hours to days) in which the client may experience an exacerbation of symptoms of their presenting concerns, followed by an improvement in those same concerns. This is often called ‘processing.’ It seems to be similar to the concept of ‘retracing,’ found in homeopathic medicine.<sup>5</sup> Palmer also verified the concept of ‘retracing’ in chiropractic with his patients having symptoms return, that they had not experienced for several years.<sup>6</sup> A possible explanation for this Post-session to One-week not being significant is that processing seems to be a somewhat erratic occurrence, if it occurs at all. Obviously, processing warrants more research.

### Control Group

Here we found one of the most interesting findings because the trait scores for the control group yielded statistically significant changes from the Pre-session to the One-week session. There are several possible explanations for this. One of the reasons this study was set up with an Education Session, as opposed to a clearer control group, was the intention to create as similar an environment as possible, between both groups so that the only thing that was different was the energy balance experience, itself. Both groups spent an hour of time in a setting that was comfortable with a caring practitioner who

listened to the each subjects tell about the physical, emotional, mental, and spiritual symptoms that they were experiencing, to establish a baseline of concerns. Each subject was able to set a goal for the session through this interview to create an affirmation of positive intent. Each subject had an opportunity to lie on a massage table and experience muscle testing. (The intervention group received very little information about what was being done through the energy balancing. The intent being they received only the energy balance itself.) The control group received a detailed explanation about the BOS™/BEST™ Energy Disturbances Menu© and energy anatomy, as well as diagrams (see appendix D2), and a demonstration of the subject's own energy field using dowsing rods. (Refer to appendix D1 for a diagram of dowsing rods and instructions for their construction.) Some subjects made connections that their childhood relationships and experiences had an impact shaping their lives and, consequently, they may have realized that there now was a way to alter or release the charge and energy associated with those emotions. For a number of the subjects, it was a new way of looking at symptoms and concerns. This may have empowered them to look beyond their symptom, to what had occurred in their life that could have contributed as one of the energetic causes. It may be that, as the week wore on, the subjects began to make more and more connections between what they were feeling in their bodies, with what was going on for them in their lives. This session seemed impressive to many of the subjects because it gave them new information, as evidenced by some of their anecdotal comments (presented in appendix F). The principal investigator would have been very surprised had it not altered their trait. That it did not alter even more, is a surprise for the investigator! One of the members of this dissertation committee, Dr. Elrick commented on this with two

possibilities. "First of all, Knowledge is important. Engaging the mind is important. 'Florence Nightingale advocated nurses tell their patients what they, (the nurses), are doing and why it is being done.'"<sup>7</sup> Secondly. "There has to be trust. People began to trust the investigator as she demonstrated and explained. What was said made sense to them and they became hopeful."<sup>8</sup>

Author Nunley writes in an email about these results,

"Your initial results are fascinating! At first glance, it appears that the control group who received the conceptual material, experienced a more pronounced change in the Trait than in the State, and that time was a factor. The data suggests that subjects needed a week for the concepts to substantially take form in the mind. What that suggests to me is that we **can** change our traits if we really change our **minds** (see Bruce Lipton's work<sup>9</sup>). This inherent potential forms the basis of the statement below:

'The Inner Counselor Seminar uses three components in order to create movement towards wholeness and balance:

**Component One: A conceptual framework** that carries the mind beyond the narrow confines of limited or dysfunctional beliefs and ideas: Participants discuss sub-conscious, self-conscious, and super-conscious aspects of the mind, and refine their understanding of the "Higher-Self." Models explored are: The Mind Model, Whole-Self Models I and II, the Integration Chart, and the Triune Brain Model.

**Component Two: An experiential method** that transforms old patterns of response: Participants learn and practice the fifteen-step Inner Counselor Process™. In this process, one person guides another towards the catalytic change of an emotional coping pattern. During the experience (often only twenty minutes) key emotions are felt in the body; an incident of origin is re-visited; needs are assessed; and, through the use of symbolic insight and visualization, resolution is achieved.

**Component Three: Witnessing the change in the physical world:** Steps # 14 & 15 in the Inner Counselor Process™ provide a mechanism for integrating the change within the physical body and the person' on-going life patterns."<sup>10</sup>

Students often ask me if they should give new people an orientation before they begin work with them. My answer is a resounding YES! Your research would appear to support this nicely. Somewhere in the above we need to insert, "Setting the intention." Giving the assignment in the IC™ is a good way of

setting the intention, but I've been thinking of finding a way to also introduce that concept at the get-go, much as you do with BEST™."<sup>11</sup>

### Zung Self-rating Depression Scale Index Scores

The Zung SDS scores for the Intervention group decreased at statistically significant levels after the Post-session balance and again at the One-week data point which may indicate the benefits to receiving the Integrated Energy Rebalancing© which may continue beyond the session itself. The differences between these scores were not statistically significant for the control group.

### Independent Sample T-tests

The Independent-tests were not statistically significant because there were not enough differences between the intervention group and the control group. One possible explanation of this could be that they were a more homogenous group at the very onset because the method of recruitment for the study, since all of the subjects saw a BOS™ practitioner or student and had to have received the laterality balancing procedure. In accordance with the practice of Biocomputer Operating System™, laterality is the first correction that is done. This BOS™ balancing technique may have an effect, by making the two groups more similar.

The intervention group had a Pre-state score of 2.7 points higher than the control group, which means it had a higher measurable level of state anxiety to begin with. The intervention group was not as well balanced at the beginning. This was noticed by the investigator and these results about the intervention group were not surprising. It was

noted that those subjects who arrived in a state of obvious stress, seemed to draw the tickets with the even numbers indicating they would receive a balance, despite the fact those numbers were pulled at random. Those subjects who seemed to be in a more balanced or neutral state of mind seemed to draw uneven numbers indicating they receive the Education Session. The principal investigator made note of this and speculated on how this might show up in the research. She made a personal notation about this.

“As I was working with subjects I noticed that the ones who seemed to be in serious need of a balance seemed to get one. (They often came in tears or started to cry as soon as we did the interview.) The ones who seemed to be content with their lives or were looking for new ways of coping, yet were not quite ready to feel deeper emotions got the Education Sessions. (The most common remark I heard from the control was ‘WoW! This is amazing!’) I can remember thinking, ‘...that so many get exactly what they need is remarkable! Intention is such an amazing thing! I wonder if this will show up in the data somewhere.’”

Another interesting descriptive observation was that intervention group began in a level of higher trait anxiety; they ended at almost the same level as the control. The trait anxiety they were experiencing improved, which could be because of the intervention. In the SDS measurement for depression, the same patterns were seen as evident in the trait scores. The intervention group was more depressed to start with than the control group but ended at a level that was similar to where the control began. Once again, the explanation for this could be that the intervention seemed to help lessen feelings of depression.

In regards to state anxiety, the intervention group also began as a more anxious group and they were much less anxious than the control after the balance. They were still less anxious than the control group at the endpoint but to a lesser degree than at the post. The energy rebalancing seemed to help them to feel less anxious. Receiving the

information for the control, may have been helpful to reduce both their state and trait anxiety but only slightly and not at a significant level.

#### Means of Concerns for Each Group

In the intervention group, there was a statistically significant increase in both the physical and emotional concerns after the intervention. The two main physical and the two main emotional concerns for each subject who had them, were improved following the energy balance. One week later, as we saw in the state scores, the first concerns increased slightly but remained improved over the baseline at a statistically significant level. Both the second emotional and physical concerns had insufficient numbers to do inferential statistics on the One-week scores, as did the other physical emotional, mental, and spiritual concerns. Descriptively, all ten concerns had the same pattern of improved scores after the intervention, which became slightly higher but remained improved over the baseline. As mentioned previously, the improvement could be due to the intervention. The slight deterioration of the concerns could be due to the concept of processing; another balancing session being needed; or simply that the subjects were back in the stresses of their everyday lives. All of the concerns end at a point, which is improved from the baseline for the intervention group.

In the control group, there was statistically significant improvement in the first and second physical and emotional concerns, as well as at the One-week data point for the first emotional concern, but at less than half to one third of the rate of improvement seen in the intervention group (refer to table 16b). Once again, as seen in the verbal comments (see appendix F), a number of the subjects said they felt better. They were

really “heard”, while they shared the concerns that they were feeling. They had the opportunity to set a goal of intent for the session. They gained new information about how symptoms in their body can be caused by energetic imbalances; and their mood had an effect on the size of their energy field, which was demonstrated using the dowsing rods. What was interesting was that the intervention group improved more, and an explanation could be that the energetic charge was released or that an energetic blockage was released in one of the subtle bodies, acupuncture meridians, or chakra energy systems. It seems that a caring empathetic listener, an opportunity to set intent and gaining new information may help to reduce symptoms, but that even greater improvement was seen when the energy balancing intervention was used.

#### Low Stress and Stress Groups

It was of interest to the principal investigator, to determine if there were any connections between the level of daily stress and the STAI as well as the SDS scores. These groups were statistically very different, as determined by the independent sample t-tests at the Pre, Post, and One-week data points. As expected, the state and trait anxiety scores and the SDS scores are higher in the Stress group as a whole. There was a slight movement in both groups at the Post and One-week data points. The most interesting information is in the descriptive statistics as noted in table 17b. The sample sizes were too small to do inferential statistics. The control group in the stress group, as well as the control and the intervention group with low stress prior to the measurement, all had very little movement in the state and the trait anxiety scores. The intervention group with stress prior to the measurement, improved in the state scores. Yet the control group improved the most in the trait scores followed by the intervention group. It seems that

education possibly does have an effect on the trait score as well as the intervention. Another possibility is that it is the environment or the presence of a BOST<sup>TM</sup>/BEST<sup>TM</sup> practitioner that is making a difference in the scores of the control group. However, it would seem unlikely that would have a lasting effect on the trait scores at the One-week data point and be different from the intervention group.

In the SDS scores, there was a slightly different pattern. The control group stayed much the same whether or not there was a crisis. The mean scores were higher for the control with stress and they drop minimally. The intervention group with low stress seemed to improve overall but the greatest improvement was in the group that had the intervention and indicated they had a high level of stress. This same pattern occurred with the state scores. It seems that the integrated energy rebalancing does seem to help the subjects to cope with stress during the week follow-up. This was indicated in the follow-up verbal comments by several of the subjects. A possible explanation for this could be that there are everyday triggers, which are reminders of past issues of trauma. The energy balance may release that energy charge and allow the person to deal with the issues at hand from a much clearer place, which reduces anxiety instead of escalating it. It would be most interesting to double the sample size and do paired t-tests on the same four categories.

#### Energy Medicine Experience and Energy Medicine Training

As with the Crisis/Stress and No Crisis/Stress groups, the independent t-tests indicated that the groups were very different at a statistically significant level for the state and trait levels of anxiety as well as the SDS index for depression at all the datapoints. This could mean that the amount of knowledge which a subject has about the field of

energy medicine, may affect their level of anxiety or depression. Another possible explanation is that those who were trained in energy medicine tended also to practice energy medicine, such as therapeutic touch or reiki to some degree. They were often people who received energy work themselves. Perhaps the levels of anxiety and depression were reduced from offering or receiving energy balancing. It could also mean that both receiving the energy balancing, and having the knowledge of the models of energy medicine, may reduce the levels of anxiety and depression. It may be that there is a certain type of person who is calmer, that is attracted to training in energy medicine,

There were insufficient sample sizes to conduct inferential statistics but the descriptive statistics showed some interesting patterns. The state scores did not seem to be affected in the control, whether they had been trained in energy medicine or not. In the experienced-only group, there was a very large drop immediately following the intervention, followed by an increase but remained improved overall (relative to the baseline score). This could be explained by the awareness of a new way of being, often called an ‘aha’ type of experience, which the subject may have had because of the energy balancing session. However the score could also have increased after the Post, possibly because the person had new issues come forward, which also created anxiety. Perhaps follow-up balances would be of benefit. In the energy medicine trained group, the group improved at the Post-session and then maintained that level of reduced state anxiety at the One-week. Generally the response by this group was very positive as they received the Integrated Energy Rebalancing© treatment. They were willing to experience and express deep emotions, which seemed to reduce their level of state anxiety.

In the trait scores, all the mean scores decreased for all the data points for the state, trait and SDS measures. The greatest decrease was in the intervention group who was trained in energy medicine. A reason could be that these people were very comfortable with what occurred during the session and thus more energy was released which created a lower level of trait anxiety. The intervention group that had only experienced energy medicine was the next most lowered score, possibly because the energy was released from the body's energy field and they felt better. The third biggest decrease in score occurred in the control of the energy medicine experienced only group. Perhaps this was due to new information they received which seemed to be a breakthrough in terms of their awareness. Lastly, the scores for the energy medicine trained group who were in the control, also decreased. Their comments often included the concept of their having received new information that they had not known before and that they had appreciated all of the concepts being presented at one time so their understanding deepened, which once again may have reduced their level of trait anxiety as they went about their daily affairs.

In the SDS index for depression, the scores for both the intervention groups dropped (the energy medicine experienced group seemed to improve a bit more than the trained group. The scores for the trained control group also decreased. It seems that releasing the causes of energy imbalances as well as knowledge about where these energy imbalances originated are helpful to improving the level of depression.

## **Strengths of the Study**

It is felt one of the major strengths of the study was while it was limited to a single 45-minute session it still obtained significant results. A further study can assess the effects longer and more sessions would have on the measurable levels of anxiety and depression.

The study also compared the effect of the conditioned space of the office, the demeanour of the practitioner, of spending time with an empathetic listener, of setting a goal of intent had on the STAI and SDS scores of the subject compared to actually receiving the integrated energy rebalancing work. This was the only apparent difference between the two groups. The intervention group received the integrated energy rebalancing while the control just heard about it. It seemed to demonstrate at a level of statistical- significance that the change in the measurable effect was due to the intervention and not just the space, the practitioner or the time spent in a caring and comfortable situation.

Another strength of this study was the enthusiastic response by the subjects to return their questionnaires with the STAI and SDS scores. Every subject returned every questionnaire. This allowed the sample size to be sufficient for inferential statistics to be done.

The study also took into account some of the other factors, which could have had an effect on the measurements, such as the level of personal stress or crisis that was experienced by the subjects after the session. Certainly external stress was a factor that influenced the level of internal anxiety and depression that the subject felt. The patterns that seemed to be emerging were that, despite the increased level of external stress, the

subjects who had the intervention were better able to cope. Again, this would be a topic for further research.

This research also considered the amount of experience or knowledge that a subject had in the field of energy medicine and the possible effect that could have on the subjects' STAI and SDS scores. While the numbers were insufficient to do inferential statistics, there was enough of a pattern to raise the awareness that there is reason to look at this in greater detail in future research.

Another strength is that this study did raise questions for future research and in doing so, may serve as a point of inspiration for other researchers to build upon.

### **Limitations of the Study**

There were several limitations in this study.

1. There was no true control group. Both of the groups received a type of intervention.
2. There was a lack of blindedness. Both the subject and the principal investigator knew whether the subject was receiving the intervention.
3. There was a lack of objectivity. The principal investigator did have an attachment to the outcome of the research, as the method that was being tested, was part of the practitioner's vocation.
4. It is not known what the effect of having the subjects' laterality balanced has on the subject. There were no pre-intervention measurements taken.
5. The intervention and the control groups were not different enough at a statistically significant level.

6. The different levels of anxiety or depression of the subjects in each group were not categorized such as normal range, minimally, moderately, and severe<sup>12</sup>

7. The recruitment of the subjects may have been biased as the referral source may also have been biased towards the success of this study.

### **Ways in Which the Study may be Strengthened**

There are several suggestions for strengthening this study.

1. It would be advisable to have more data points, such as two baseline data points a week apart before laterality is completed; another One-week after laterality is completed; one Pre-session, one Post-session and One-week as was done in this research, one, three weeks later, and one, three months later.

2. A true control group in addition to the group receiving the Education Session, may be helpful in understanding the differences between the intervention of education and the control. This could be achieved a number of ways: A) A sham balance could be performed by someone other than the principal investigator. It was found in the pilot study that the investigator just putting her hands on the subject in a healing manner had an effect on the subject in a positive manner. B) A control group could be set up with a waiting list for a session and data collected at the same data points.

3) A larger sample of at least 100 subjects and preferably 120 subjects would most likely allow for a third control group as well as adequate numbers for sample sizes within each of the intervention and Education Session groups to run inferential statistics i.e. do paired samples t-tests on the crisis and non-crisis folks separately within their respective groups (intervention and control). This may help to determine if the changes in the STAI and Zung are due to the intervention or to stress/crisis.

4) The greater sample size may also benefit the information gleaned from the energy medicine experienced versus energy medicine trained comparison. Once again, there seemed to be some interesting patterns emerging, which could have been verified if the group sizes within the sample had been above thirty. In the experienced energy medicine category, it would also be interesting to see if there were a difference between little experience in energy medicine and no previous experience other than laterality.

5) The larger sample size may allow inferential statistics to be done to measure gender differences.

6) The feedback from the subjects could be greatly enhanced through the addition of a more comprehensive question such as; ‘Were there any other noticeable changes in your health as a result of your session?’ This may offer a deeper understanding of the scope of the effect that Integrated Energy Rebalancing has on the body-mind-spirit.

### **Replication of the Study**

1) The complexity of the BOST<sup>TM</sup>, BES<sup>TM</sup>, and Inner Counselor<sup>TM</sup> techniques used in this research make it difficult for it to be replicated. To do so would require that the principal investigator be trained in and have mastered all of the techniques used in this research Biocomputer Operating System with Larry Steel in Chatham, Ontario, Biocomputer Emotional Spiritual technique with the principal investigator in Guelph, Ontario and Inner Counselor with Ann and BoB Nunley in Lawrence, Kansas. This would be both time-consuming and expensive.

2) Replication of the study would also require it be done by an investigator who was experienced in muscle testing. The results depend on the investigator being able to muscle test accurately as the single criteria that is being studied in this research is the balancing techniques used as *directed by the body*. If the muscle testing is not accurate, then the body is not truly directing the selection of the modalities. Muscle testing is a skill with which accuracy improves over time. Caruso found that muscle testing “is accurate 98% of the time compared to judgment of clinicians with more than five years of experience but is considerably lower for clinicians with less than five years of experience (64%).<sup>13</sup>

3) A follow-up study is planned to assess the value of education prior to integrated energy rebalancing©. This will be a crossover study using the same subjects and will be a close replication to this study. In the May 2004, following-up research project, it is hypothesized that subjects who have been told about energy medicine, BOS™, and BES™ will have an even greater significant measurable effect on anxiety and depression as they may have a greater understanding of intervention. It is predicted that the scores may begin from a lower mean than they did at the beginning of this research as the information they received or the balance that was done for them may have influenced them in a positive way. And conversely, will having an Education Session after having experienced the intervention, make a measurable difference in the control group as compared to the control group in the first half of the research who had not experienced the intervention?

## **Future Research with Integrated Energy Rebalancing©**

- 1) It is advised that one of the main areas of future research is to study the impact which laterality has on anxiety and depression.
- 2) Another suggestion for a follow-up study would be to see if subjects who received 3-4 balancing sessions were more consistent in their trends of scoring, relative to a control group, than subjects who only receive a single session.
- 3) The study does support the notion that anxiety can be immediately heightened as a result of one of the Integrated Energy Rebalancing sessions. Descriptively, all ten concerns had the same pattern of decreased scores after the intervention, which increased slightly but remained improved. It would be valuable to investigate to see if there is a pattern in future research. Two weeks after three subjects commented they felt even better and would like to have filled out another questionnaire, after the one week to indicate that. (Their One-week after session scores increased from the Post-session scores slightly.)
- 4) This is a research project that is designed to study the levels of anxiety and depression in the general population. It would be interesting to do a future research project on subjects who were clinically depressed or anxious with the supervision of a psychiatrist or psychologist.

## **Implications of Results within the Context of Helping Professions**

Integrated Energy Rebalancing© had a statistically significant impact on the reduction of anxiety, at both the state and trait levels, and on depression immediately following the energy balancing session for the intervention group that was not evident in

the control group. While this was not a research project that was focussing on subjects who were *clinically* anxious or depressed, it may mean that further study and research may show that Integrated Energy Rebalancing© and similar types of energy medicine have a place that is complementary to the traditional interventions of psycho-pharmaceuticals and psychotherapy. Cases such as these should always be monitored by a psychiatrist, licensed psychologist, or medical doctor. It is important that practitioners of energy medicine avoid counselling their clients unless they are qualified to do so.

However when Integrated Energy Rebalancing© is practised in the professional manner in which BOS™, BES™ and Inner Counselor™ are taught, there is much that a practitioner of energy medicine can offer in the way of facilitation of a person's discovery of their personal truth. This research supports the findings of Nunley who found "overall changes and the gender positive changes for both males and females in both State and Trait anxiety significant at the hypothesized .01 level."<sup>14</sup> IER© clears the body of disturbances that are preventing the body-mind-spirit from achieving wholeness and balance. Nunley's "Personality Integration Chart©" describes the journey of the soul in its search for ideal qualities. The work of IER© can help to encompass that journey from the physical and personal needs through the emotional needs and qualities of connection, acceptance, and love, to the spiritual needs and qualities of trust, peace, unconditional love, and joy.<sup>15</sup>

### **Implications of Results within the Context of the General Population**

The greatest implication of the results of this study to the general population is that Integrated Energy Rebalancing© may serve as a preventative measure and help to

maintain emotional and mental health, and to empower the public in their body-mind-spirit health. With practice and perseverance, it is easily learned.

### **Implications of Results within the Context of the Field of Energy Medicine**

One of the implications in the field of energy medicine is that it brings with it the importance of specificity, when working at the physical level. This study also emphasizes the importance of integrating balance at every level of the physiology of the body with energetic anatomical systems of the body. The closing words of every Integrated Energy Rebalancing© session affirms this,

“Receive all these healing energies with the love with which they are intended. Lock them in, to every cell, every fibre, every level of your being, now and for all time. Amen.”

### **Conclusions**

This dissertation began with the statement that body-mind-spirit health is crucial for us to be effective members of society, to interact fully with our family members, and to live a life that is especially meaningful. In the descriptive statistics, it has been demonstrated that Integrated Energy Rebalancing© seems to have an impact on all of these levels. Each component of IER© seems to influence a specific level. Biocomputer Operating System™ seeks to harmonize and clear the energetic disturbances particularly at the physical level. Through Biocomputer Emotional Spiritual™ technique, communication with the physical body allows us to discover its waiting gifts of wisdom through our conscious connection to the higher wisdom of our soul. This gift is offered through the revealing, feeling, and ultimately healing of our emotions. Inner Counselor encourages the “self-actualized embodiment and expression of essential qualities substantiating a path that leads towards (our) transformation and transcendence.”<sup>16</sup>

And when an obstacle to our spiritual growth is transformed, transcended, and included in that more enlightened self we become, we seem to have come “full circle and enter another gate of Eden, smiling at the flowers now in bloom, knowing too of the dream ...A new Adam (Eve) in an old garden.”<sup>17</sup>

So we may come home to serve in a new Eden...

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#### NOTES

Chapter 4

<sup>1</sup> Proverb, Module 3 of the Dynamics of T.B.M. Workbook

<sup>2</sup> (Note: the terms ‘energy,’ ‘energetic,’ and ‘energetically’ refer to the human subtle magnetic life energy field or the Subtle Bioenergies.) Gerber, Richard, *A Practical Guide to Vibrational Medicine: Energy Healing and Spiritual Transformation*, (New York: HarperCollins Publishers, 2001) 22-23.

<sup>3</sup> Spielberger, Charles D., State-Trait Anxiety Inventory (Form Y).

<sup>4</sup> Spielberger, Newmark, Wheeler, Newmark, & Stabler, 1975; Gaudry & Poole, 1975; Brook and Knapp 1976.

<sup>5</sup> Catherine R. Coulter, *Portraits of Homeopathic Medicines: Psychophysical Analyses of Selected Types—Volume 2*, (Washington: North Atlantic Books, 1988) 168.

<sup>6</sup> B. J. Palmer, quoted by Scott Walker, in “The Philosophy of Chiropractic.” Neuro-Emotional Extra Techniques™, (Encinitas, California: NET Inc., 1993) 16.

<sup>7</sup> Dolores Krieger, Therapeutic Touch Network of Ontario Annual Conference, year not known, as told in personal interview, Mei-fei Elrick, email: February 16, 2002.

<sup>8</sup> M. Elrick, personal interview, 11 December 2002.

<sup>9</sup> Bruce Lipton. *Biological Consciousness and the New Medicine*, presented at ISSSEEM Conference, June, 2000, available from <http://spiritcrossing.com/lipton/biology.shtml>; accessed on February 16, 2003.

<sup>10</sup> Nunley, *Inner Counselor Workbook*, (Lawrence, Kansas: self-published, 2002), 4.

<sup>11</sup> Ann Nunley, email communication, Dec 17, 2002.

<sup>12</sup> Zung, ibid., “A Self-rating depression scale,” 63.

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<sup>13</sup> William Caruso and Gerald Leisman, “A Force/displacement analysis of muscle testing,” *Perceptual and Motor Skills* 91, 2000, 683.

<sup>14</sup> Nunley, “The Inner Counselor seminar: its use of integrative conceptual models and the symbolic process™ and their combined effect on anxiety levels,” Dissertation: Greenwich University, September 2000.

<sup>15</sup> Nunley, *ibid.*, 290.

<sup>16</sup> Nunley, *ibid.*, “Workbook,” 5.

<sup>17</sup> Bill Schul, *Let Me Do This Thing, a Poem* (Walpole, New Hampshire: Stillpoint publishing: 1986) 74-75. b