

Effects of Directed Intention on the Integrity of Human Blood Cells

Debra A. Midyette

ABSTRACT

This double-blind single case study utilized darkfield microscopy in the observational analysis of the integrity of live human blood cells after a participant was exposed to intentionally-charged vials of spring water. Through consciously directed intent, the water in the vials had been infused by the researcher with feelings of either anxiety or tranquility. Blood specimens were obtained by finger prick and samples were not stained prior to observation. Blood samples were obtained from the participant at baseline and after exposure to the emotionally-charged vials. Cellular changes during each phase of the study were observed and documented by an independent professional with extensive experience in darkfield microscopy. Darkfield microscopy revealed alterations in the integrity of the cell walls of erythrocytes (red blood cells), leukocytes (white blood cells), and thrombocytes (platelets) when these cell lines were subjected to various conditions. Alterations in cell integrity and changes in the motility of blood components were discovered to be consistent with organic patterns suggestive of anxiety and tranquility, respectively. The privately-maintained impressions of the participant regarding the felt senses relative to the contents of each vial were found to correspond with the practitioner's observations of changes in the participant's blood samples during each phase of the investigation. This study evidenced a direct correlation between directed intention and alteration of the integrity of live human blood cells.

Key Words: intention, directed intention, human blood cells, darkfield microscopy

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Introduction

The role of intention in the healing process has been overlooked for decades by the medical profession and the scientific community. Only in recent years have scientific investigations attempted to verify the effects of prayer, visualization, and healing therapies utilizing the laying on of hands and non-local or distance healing (e.g., Reiki, Healing Touch, prayer).

Directed, or focused intention, often categorized in empirical studies as an aspect of psi phenomena (Sidorov, 2001), is frequently referred to as therapeutic healing intent (i.e., laying on of hands) or intentionality. Benor (1985) defined psi-related healing as "the exertion of a beneficial influence by a person or persons over another living organism without invoking physical forces or energies currently acknowledged by Western science" (p. 23). According to Jonas and Crawford (2003), "Healing practices that use direct mental or spiritual techniques, such as prayer, ritual, dreamwork, imagery, direct mental intentions, and laying-on of hands, have been part of all known cultures" (Preface).

Non-local medicine involves the scientific exploration of how our thoughts affect our own body, as well as the bodies of distant individuals,

Corresponding author: Debra A. Midyette, Ph.D.

Address: 3412 Colony Drive, New Bern, NC 28562, USA.

Phone: + (252) 633-5911

e-mail ✉ trulyinspired@suddenlink.net

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without any known physical energy or force (Dossey, 1997). For example, utilizing functional magnetic resonance imaging (fMRI) to investigate distant intentionality (DI), Achterberg *et al.* (2005) demonstrated the capacity of healers to direct their thoughts to other persons.

Even though this field is extremely controversial, according to Dossey (1997), the effects of non-local intervention have been verified by numerous studies:

Approximately 75 different laboratories have replicated controlled studies in which people have influenced the output of electronic random event generators, at a distance, with their mental intent [and] meta-analyses and discussions of this work have been published in prestigious journals (p.11).

Schmidt (2004) agrees that the effects of healing intention have been documented to create positive changes in practitioners, clients, and healing environments. These effects may be related to mainstream data indicating that “weak magnetic fields, light, and sound energies have been discovered to exert powerful effects on cell growth and transformation, central nervous system and immune system function, as well as mood and emotions” (American Institute of Stress, 1997, p. 8; Tiller, 1997).

Going beyond conventional explanations, Lucchetti *et al.* (2013) concluded that biofield therapies [e.g., Reiki, Qigong, Spiritist “passé” or Spiritual healing] are approaches that influence the energy fields that “surround and interpenetrate the human body” (p. 628). In an investigation of the effects of Spiritist “passé” on the growth of bacteria, Lucchetti *et al.* (2013) determined that Spiritist “passé” healers achieved inhibition of the growth of bacterial cultures (p. 631).

Blood studies have been conducted in an effort to further investigate the effects of distant visualization (Moss, 2002). One such study, conducted by Braud (1990), revealed that red blood cells exposed to a salt solution demonstrated less hemolysis and other damage when participants prayed for the tubes of blood.

Personal curiosity regarding the power and use of directed intention has pervaded my thoughts often during the past 20 years while I have studied and implemented a variety of healing methods. The potential impact of

directed intention upon human blood cells appears to be particularly relevant at this time in light of increasing emphasis upon empirical research regarding non-local medicine (Krippner and Achterberg, 2002; Achterberg *et al.*, 2005). This study was undertaken as an investigation of the effects of directed intention on live human blood cells without the addition of a staining medium.

Experimental Overview

Participant

This study focused upon a single participant—a 37-year-old, married, Caucasian female who was a Reiki Master with a Master’s degree in Humanistic/Transpersonal Psychology. The participant was well acquainted with the procedure of live blood analysis and the extent of involvement necessary for the experimental procedures. The volunteer had no known fear of blood and agreed to volunteer for this study. This study complied with NIH ethics standards and was approved by the Saybrook IRB. Initially, the participant agreed to be compensated for travel expenses, but later rejected reimbursement.

Instruments and Practitioner

According to Enby (1990), Guenther Enderlein promoted the use of darkfield microscopy in the early 1900’s for the analysis of live blood as a means of revealing the parameters of the pH of the body and identifying disease processes occurring as a result of the disruption of the body’s equilibrium. Darkfield microscopy has been employed in the investigation of bacteria, parasites, and the rate of disintegration of the blood’s components (Enby, 1990). Darkfield microscopy was utilized in this experiment to analyze unstained samples of human blood.

Live cell analysis by darkfield microscopy has been a controversial alternative biomedical method. Utilizing a different illumination system than employed in conventional medical blood analysis, specimens are contrasted against a dark background and the necessity of applying artificial stain for observation of low contrast materials is eliminated.

For this observational study, an experienced and unbiased darkfield practitioner was retained. His services were financially compensated by the researcher. The practitioner



had employed this method in numerous daily client sessions in private practice since 1997 and was known by his colleagues to exemplify the characteristics of a caring health care professional.

This researcher was personally familiar with the practitioner's work with darkfield microscopy prior to this investigation and was aware of his compassionate stance toward others and his compliance with safety measures in obtaining and handling blood specimens. Only a few pricks of the participant's fingers were necessary to acquire drops of blood for slide preparation during the phases of this experiment.

A computer monitor connected to the practitioner's microscope permitted an immediate and close inspection of each slide. It had been anticipated that each specimen would be photographed by the practitioner via a camera attached to the microscope; however, just prior to the experiment, the camera malfunctioned. The vital part for the camera was express ordered, but did not arrive in time for photography to be conducted. Due to the participant's busy schedule and her 4 ½-hour drive to participate in the study, the study was not postponed.

Laboratory Environment

The investigation was conducted in the private laboratory of the practitioner. The private office/lab space was maintained at a pleasant temperature. The room was sound-attenuated by a heavy door. The room was approximately 30 feet from the receptionist's desk and approximately 50 feet from the waiting area.

Using darkfield microscopy, the size, shape, and quantity of erythrocytes (red blood cells), leukocytes (white blood cells), and thrombocytes (platelets), as well as the nature of each specimen (i.e., free-floating cells or clumped cells), were documented in handwritten detail by the practitioner throughout the study.

Procedure

Directed intention, or intent mental focus, was utilized as the method of infusing spring water with the emotions of either anxiety or tranquility. Directed intention has been described by Jonas and Crawford (2003) as "intentionality (intentional mental effort)" (Preface). The method used was analogous to off-body healing

methods (i.e., no physical contact). Although this study required deviation from traditional healing protocols (i.e., positive energy) known to this researcher, the emotions selected for this study were deemed necessary for this investigation of emotional transference. It should be noted that I had originally elected to implement feelings of tranquility and anger in the intervention phase of this experiment; however, Dr. Jeanne Achterberg advised the employment of feelings of anxiety in lieu of anger in an effort to diminish any possible harm to the participant.

As the principal researcher, I was responsible for preparing the masked vials of intention-infused water prior to conduction of the study. Six one-ounce, amber-colored, glass vials with twist-off caps were purchased from a local pharmacy. While wearing gloves, the vials and caps were washed with warm soapy water, rinsed with tap water, and allowed to air dry.

Three one-gallon bottles of spring water from an identical source were purchased from a local retailer. (Spring water was selected because it was free from chemical alteration.)

One gallon of water received no intervention. This bottle was designated by the researcher as the neutral in the experiment and the bottle was labeled "neutral" with white card stock and wrapped in aluminum foil. The wrapped bottle was then placed in an enclosed room.

One gallon of water was taken to a different room for the intervention phase. The bottle of water was unsealed and the cap was removed. Without touching the bottle of water, the contents were intentionally infused, or charged, as the researcher placed both hands over the open bottle and mentally directed the feeling of tranquility into the water for one minute. The bottle was then capped and labeled with white card stock noting "tranquility." The water bottle was then wrapped in aluminum foil and the bottle was moved to another enclosed room.

In a similar manner, the remaining gallon of water was unsealed, opened, and infused by the researcher with the feeling of anxiety. The bottle was capped and a white card stock label designating "anxiety" was secured to the plastic bottle. The bottle was then wrapped in aluminum foil and placed in the room containing the other bottle of emotionally-intentioned water.



While wearing gloves, the researcher inspected each of the amber vials and caps for cracks or chips. No imperfections or fractures were noted in any of the amber vials or caps.

Changing to fresh gloves, the gallon of water infused with feelings of anxiety was retrieved by the researcher and placed in the room that had been utilized for the intention process. The researcher selected an amber vial and filled it with water from the gallon intentioned with "anxiety." The caps were then secured on the gallon bottle and the small vial. A small white card stock label was prepared for the amber sample with the notation "anxiety." This label was then folded in half and affixed securely to the bottom of the amber vial with tape. The amber vial was then wrapped in aluminum foil to secure the contents and to ensure random selection during the experiment.

Wearing a fresh pair of gloves, the researcher retrieved the gallon of water intentioned with "tranquility" and filled an amber vial from its contents. The caps were then secured on the gallon bottle and the vial. A white card stock label was prepared for the amber vial identifying the contents as "tranquility." This label was folded and taped to the bottom of the vial. The vial was then wrapped in aluminum foil, securing the contents, and ensuring random selection.

Changing to fresh gloves, the researcher retrieved the gallon of uncharged "neutral" water and filled the four remaining amber vials from this gallon. Each amber vial was clearly identified with a white card stock label marked "neutral." These labels remained exposed. The four "neutral" vials remained unwrapped.

To ensure safe transport to the site of the experiment, the researcher individually wrapped each of the two foil-wrapped amber vials with bubble wrap. Each vial was then placed in a separate white bag. The four amber vials labeled "neutral" were individually wrapped with bubble wrap and placed together in a separate white bag. All three white bags were then placed securely in a clear plastic bin (9" X 12") for transport by automobile to the office of the darkfield practitioner. As the researcher, I was aware of the location of each of the charged samples within the plastic bin. The vials remained out of contact with others until the time of the experiment.

To my dismay, when I retrieved the plastic bin, I noticed that the bin had shifted position during the seemingly uneventful transport. Therefore, at the time of setup for the experiment, the contents of the two foil-wrapped vials were also unknown to me. (This proved advantageous in that selection of the vials was completely random, ensuring a double-blind study.)

I was permitted unaccompanied access to the quiet and private office/laboratory of the darkfield practitioner to set up the experiment. A revolving tray was placed atop a long table adjacent to his desk.

While wearing gloves, one foil-wrapped vial was placed on the left side of the tray and the other foil-wrapped vial was placed to the far right on the tray. The four amber vials labeled "neutral" were placed in a vertical row between the two foil-wrapped vials.

A comfortable chair for the participant was placed directly in front of the tray of vials. Three white bags were placed on the table approximately 10 inches to the right of the tray. The bags were clearly labeled: #1, #2, and Neutral.

Upon her arrival at the site of the experiment, I greeted the participant and gave her verbal instructions to familiarize her with the phases of the experiment (Appendix A). The participant was asked to complete a questionnaire (Appendix B) while seated in the waiting room. According to the study protocol, the participant completed the questionnaire prior to the experiment and then folded the page over to reveal blank pages for personal notes to be taken during the experiment.

The participant was then introduced to the darkfield practitioner and the three of us moved into the laboratory space. The practitioner and participant were provided a typed copy of the research study protocol (Appendix D). After perusing the protocol, neither individual had questions. The participant and the practitioner were reminded that the participant could curtail the live cell analysis procedures at any time without any repercussions. The practitioner acknowledged his responsibility for monitoring the time during the phases of the experiment. The participant and practitioner were only aware that the experiment involved intention, nothing more was revealed to them. I left the room and was

seated in a chair in the waiting area for the duration of the experiment.

The participant was instructed by the practitioner to select a vial labeled “neutral” from the tray and to hold it in her hand of choice for one minute. Blood samples were acquired from the participant and slides were prepared. The participant was permitted to view the baseline specimens with the practitioner as they appeared on the computer monitor and was allowed to ask minimal questions regarding the baseline slides. Subsequent specimens were solely observed by the practitioner.

The vial was then placed by the participant in the white bag marked “neutral.” The computer monitor was adjusted such that the participant could not view any additional slides. Time was allowed for the practitioner and participant to make personal notations regarding their observations/impressions.

The participant was then instructed by the practitioner to select one of the foil-wrapped vials, to unwrap it, and to hold it in her hand of choice for one minute. Blood samples were then obtained and slides were prepared. This vial was placed in the white bag marked “#1.” The practitioner and participant silently documented personal comments regarding this phase of the experiment.

The participant was instructed by the practitioner to select a vial labeled “neutral” and to hold it in her hand of choice for one minute. She was then asked to place the bottle into the bag labeled “neutral.”

The participant was then asked by the practitioner to select the remaining foil-wrapped vial, to unwrap it, and to hold it in her hand of choice for one minute. Blood samples were obtained and the slides were prepared and viewed by the practitioner. The participant placed the vial into the white bag labeled “#2.” Both participant and practitioner recorded their personal comments.

The participant was asked to select a vial marked “neutral” and to hold it in her hand of choice for one minute. The vial was then placed in the bag labeled “neutral.”

Simultaneously, the practitioner and participant realized that the foil had not been removed during the testing of the first foil-wrapped vial. They mutually decided to conduct

a second investigation with the contents of that vial.

The participant retrieved the previously-tested vial from the bag marked “#1.” After removing the foil, the participant held the vial in her hand of choice. Blood samples were obtained and slides were prepared and examined by the practitioner. The participant returned the vial to the bag labeled “#1.” The participant and practitioner quietly recorded their comments regarding the retest.

To ensure that the participant was free from any negative effects of the experiment, the practitioner requested that she hold the remaining bottle marked “neutral” for one minute. The live blood analysis phase of the study was then concluded. The participant was asked to return to the waiting room to complete Participant Questionnaire #2 (Appendix C) before speaking with anyone.

The darkfield practitioner was initially interviewed alone to obtain his overall impressions of the experiment (Appendix F). His hand-written notes regarding each of the conditions of the experiment were acquired.

A brief interview was held with the participant. Additional questions were asked of the participant (Appendix E) and the hand-written notes of the participant were obtained.

Then a brief discussion with the practitioner and the participant ensued. When I unsealed the labels of Vials #1 and #2, the results of the study unfolded to each of us.

Comparison of Practitioner’s Observations and Participant’s Impressions

The expert observations and remarks of the darkfield practitioner noted during the various phases of the live blood analysis were examined (Table 1). Although considered to be a controversial alternative to traditional blood analysis, the results of the live blood analysis demonstrated distinct and marked differences between observations of the participant’s live blood cells at baseline and during each phase of the experiment.

The participant’s written remarks pre-experiment, baseline, intervention, and post-experiment were surveyed (Table 2). The participant’s impressions were then compared



with the noted observations of the expert live cell practitioner.

Results

Pre-Experiment Questionnaire: Participant

The participant's pre-experiment questionnaire (Appendix B) revealed an emotional state of 4 on a scale of 1 to 10 (i.e., 1 = feeling very calm; 10 = feeling very anxious). In response to whether she believed that intention plays a role in the healing process, the participant replied, "Yes. Thoughts and feelings are powerful; they are their own energy having an effect on things." In response to the query regarding the credibility of this study, the participant reiterated, "Yes, because intention is powerful." The participant stated that she felt no opposition to the pin pricks necessary for this experiment.

Baseline: Practitioner and Participant

According to the practitioner, baseline observations of the participant's blood yielded information consistent with a mild degree of fatigue/stress. This was consistent with the participant's report of being somewhat tired from the 4 ½-hour drive to the site of the experiment and that she was experiencing a slight headache.

Intervention Phase

Practitioner and Participant

The data resulting from this study are presented in Tables 1 and 2. The observations of the darkfield practitioner are noted in Table 1; impressions of the participant in Table 2.

The written observations of the practitioner during each of the two intervention phases (i.e., the two emotionally-charged vials) were scrutinized. In each case, they were discovered to correspond with the psychophysiological changes and impressions noted by the participant.

During the first intervention (Vial #1, infused with the directed intention of anxiety), the practitioner's notes indicated that he had observed extreme alterations in the blood specimens which had been, in his opinion, reflective of high stress/anxiety. These changes included lysed erythrocytes (anemia profile), pronounced clumping of cells, aggregated

platelets, increased blood sugar, clearing of lipids, bile accumulation, and aggravated viral "footprints" (indicating toxic load had been stirred up). These same changes were noted by the practitioner during the retest of the anxiety-intentioned vial.

While holding Vial #1 (anxiety), the participant noted impressions commensurate with feelings of sadness. When the foil was removed from Vial #1 for the retest (foil had not been removed initially), her headache elevated from a 4 to a 6 on the 10-point scale and she reported experiencing feelings of jitteriness.

After the participant held the second emotionally-charged vial (infused with the directed intention of tranquility), the practitioner's notes indicated that he observed changes in the live blood consistent with low stress. His notes indicated a marked difference from Vial #1, noting that Vial #2's cells were free moving and unclustered with a much lower anemic profile, lower blood sugar levels, and minimal viral "footprints."

While holding Vial #2 (tranquility), the participant noted that she perceived feelings of delight, healing, comfort, freedom, and warmth. She reported that her headache decreased from 6 to 2 on the 10-point scale.

Post-Experiment Questionnaire and Interview: Participant

The participant's post-experiment questionnaire responses (Appendix C) revealed a rating of 2 on a 10-point scale (i.e., feeling very calm to very anxious). (Her pre-experiment rating had been a 4, which had elevated to a 6 during the anxiety-intentioned phase.) She noted that she felt very comfortable with the manner in which the study had been conducted and that the live cell practitioner had been gentle while obtaining the blood specimens and professional throughout the experiment.

During the post-experiment interview with the participant she revealed that her fingertips felt "fine, totally fine." She stated that her fingertips had been sufficiently cleansed and bandaged by the practitioner at the conclusion of the experiment.

When questioned about her feelings while holding each of the vials that had been foil



wrapped (emotionally charged), the participant offered the following response:

I felt an energy of sadness when I first picked up Vial #1 (foil on). When I removed the foil for the retest of Vial #1, my sinus headache increased from a 4 to a 6 and the pain shifted to the left parietal—intense pain—and I felt jittery. I liked holding Vial #2. My headache decreased from a 6 to a 2 and I was able to take a deep breath—I was unaware of holding my breath until that time. I felt free, light, and comfortable while holding Vial #2. (Appendix C)

Regarding her involvement in this research experience, the participant stated, “It was great. I feel honored to be a part of it.” When asked how the research study might have been improved, the participant commented, “I don’t know that it could have been.” She did, however, mention feeling a little tired from her long drive to the experiment site.

Post-Experiment Interview

Darkfield Microscopy Practitioner

The practitioner was interviewed immediately after the live cell analysis was concluded (Appendix F). When asked to express his overall impression of the experiment, he responded, “Changes took place—consistent with the two extremes.” He stated that he was unaware of any internal impressions regarding the contents of the two foil-wrapped vials. Regarding his impression of the participant, he stated, “She was very cooperative and compliant.” When asked how this research study might have been improved, the practitioner replied, “It would have been preferable to have had more time between interventions, perhaps 15 minutes, to allow the body to reset.” (Note: The practitioner’s schedule had not permitted more time between phases of this experiment.)

Results and Discussion

Prior to the experiment, Vial #1 had been intentionally infused by this researcher with the feeling of anxiety. Vial #2 had been intentionally infused by this researcher with the feeling of tranquility. Both emotionally-charged vials had been appropriately labeled and each label had

been folded and secured to the bottom of the respective vial, totally obscured from view.

Table 1. Observations and Impression of Practitioner.

Condition	Practitioner’s Remarks
Baseline	Very little clumping of cells. Very slight organ stress—probably due to participant’s long journey in heavy traffic and arrival just prior to study.
Vial #1 (Anxiety)	Increased allergic-type response noted. Increased lymphatic and heart activity—indicators of stress observed. Once, lipids totally disappeared. Clearing of lipids consistent with stress or anxiety. Heightened erythrocyte (red cell) aggregation. Lysed cells—Anemic profile pronounced. Greater liver and gallbladder stress observed, indicating bile accumulation. Viral “footprints.”
Vial #1 (Retest)	Glass bottle cracked during retest of Vial #1 (with foil removed). Lipid levels dropped significantly again, as in initial test. Lysing of multiple erythrocytes noted. Blood sugar increased. Platelet activity: More aggregated, “sticky,” with pronounced clumping of cells. Viral activity: Aggravated viral “footprints,” indicating toxic load stirred up.
Vial #2 (Tranquility)	Marked difference from Vial #1. Vial #2’s cells are freed up. Erythrocyte aggregation significantly reduced. Anemic profile much less pronounced. Blood sugar levels much lower than Vial #1. Minimal viral footprints noted. Marked clearing of clumped platelets.

Four vials containing neutral water were labeled such that the word “neutral” was clearly visible. These neutral vials were used for neutral baseline, after each of the emotionally-charged vials were held by the participant, and at the conclusion of the live cell analysis in order to decrease the possibility of any residual effects due to participation in the study.

The comments of practitioner and participant were found to be reflective of the contents of both intentionally-charged vials. The observations of the live blood cells by the practitioner were noted to be demonstrative of an organic/systemic viewpoint, identifying variations in blood cell integrity due to perceived stress or lack thereof. The participant’s written impressions acknowledged her felt sense



mirroring the two emotions that had been infused in the water of the vials.

This was a double-blind study. The researcher, practitioner, and participant were all unaware of the contents of the foil-wrapped vials until the conclusion of the live cell procedures.

Table 2. Impressions of Participant.

Condition	Participant's Remarks
Baseline	Feeling a bit tired from the 4 ½ hour drive to experiment site. Slight headache [4 out of 10 on a 10-point scale].
Vial #1 (Anxiety)	When I first held Vial #1 with the foil on, I felt sadness. I didn't particularly feel sad myself, but I felt an energy of sadness.
Vial #1 Retest	As I removed the foil from Vial #1 for the retest, I became aware that my headache was becoming more intense on the left side of my head, a 6 [on a 10-point scale]. Right after my blood was retested for Vial #1, the bottle cracked in my hand—it doesn't seem to be leaking. We both heard the glass crack. I'm putting the bottle down now; I don't feel like holding it any longer. I feel a little jittery as I wait for the practitioner to finish up with this phase and for us to continue.
Vial #2 (Tranquility)	I felt delight as I held and unwrapped this one [Vial #2]. I felt healing occurring for me. I feel it now as I still hold it. I feel a nice ability to breathe deeply, more relaxed. It feels good and comforting to hold this bottle. My impression holding Vial #2 was at first heavier, then free. As I place the vial in the bag, I now feel a residual energy on my hand. It feels "Light." I'm trying not to be in my head and be clear about what I authentically sense. I am drawn to a sensation in my heart, more my energetic heart/heart chakra rather than a physical sense in my physical heart. It just feels open and free, and warmth keeps coming to my mind. My headache has decreased. On a scale of 1 (lightest headache) to 10 (most intense headache), it was a 4 even after holding the neutral bottle. Now the headache is in a different place in my head and is a 2.

Conclusion and Personal Reflections

Marked interference was encountered while preparing and conducting this study. It was of great solace to this researcher when Dr. Jeanne

Achterberg, supervising faculty, shared her thoughts on this, disclosing that in her experience, interference was generally greater when a work was significant. In keeping with the continual interference, on the morning of the experiment, I was informed that the camera for the darkfield microscopy had broken two days prior to the study and that the ordered parts were not yet available.

Of particular note in this study, was the retesting of Vial #1 (anxiety) after the practitioner and participant discovered that the initial test had been performed with the foil wrapping in place. While retest results of the practitioner were similar to those of the original test of Vial #1, without the foil, the participant's headache increased and she experienced feelings of jitteriness (Table 2). As the participant held the vial infused with anxiety for a second time (without the foil wrapping), she and the practitioner heard a cracking sound. The participant immediately informed the practitioner that she no longer wished to hold the vial. When the participant released her grip on the vial, she and the practitioner noticed a crack in the glass vial and two shards of glass in the participant's uninjured palm.

I have always felt an ethical responsibility to avoid harming others. Upon becoming a Reiki Master, that desire was increased exponentially. Although my viewpoint may be construed as controversial, it is my belief that the participant was protected from harm during the experiment because of the parameters for protection of the participant and practitioner I had set forth when intentionally charging the water.

I believe that this experiment is a small step in evidencing the connectedness of all life. I feel that heightened awareness of such influence, overtly intentional or unconscious, would be beneficial for all—as I feel that all beings possess this potential, but utilize it in varying degrees.

Directions for Future Research & Limitations of the Study

A possible confound to this study was that the vials of "neutral" water and the two emotion-intentioned vials of water were dispensed from three different gallons of spring water, although from the same company and from the same retail site. Future research might investigate the use of one gallon of spring water for all three



conditions, with the water being intentioned with emotion after being dispensed into vials. The water might also receive direct intention from an individual without a background in the healing arts.

Additionally, the use of numbers in lieu of words on the vials might be employed. The responses of male and female participants and the differences or similarities of responses from individuals with a variety of backgrounds might be investigated.

This investigation focused upon psychophysiological changes/impressions noted by the participant in response to the directly intentioned water (i.e., anxiety, tranquility). Future studies might incorporate quantitative testing of cortisol levels of the participant during each phase. Photographs of the specimens might be obtained and cell counts might be documented by the darkfield practitioner during each phase of the experiment.

As the principal researcher, I remained in the office space, approximately 50 feet from the laboratory where the experiment was conducted. While the contents of the vials were unknown to each of us during the experiment, subsequent investigations may require the researcher to leave the premises to ensure the absence of energetic linkages.

This study may lead to research designed to test the hypothesis that foods lovingly grown,

respectfully harvested, gently transported, and tenderly prepared hold the potential to significantly and positively influence our cellular structures. (Even though many of us already hold this postulate to be true, what a boost this might offer to organic farming and world health!). From this, we might also hypothesize that foods prepared in cafeterias and restaurants by despondent or angry workers might actually be harmful to their consumer on a cellular level.

Increased understanding of the influence of directed intention holds the potential to affect how we think, act, and react. Much like the "white coat syndrome" correlated with increased blood pressure in medical patients, what if respect, compassionate care, and feelings of hopefulness are discovered to afford greater healing at a cellular level than many pharmaceuticals? Could directed intention be the key to the activation of our inner healing resources?

A deeper understanding of the impact of directed intention might alter our world in a positive manner, revolutionizing our interactions and communication with each other and with animals. It is anticipated that this investigation will initiate future studies and inspire opportunities for a new approach to heightened transpersonal awareness.

References

- Achterberg J, Cooke K, Richards T, Standish L, Kozak L and Lake J. Evidence for correlations between distant intentionality and brain function in recipients: A functional magnetic resonance imaging analysis. *Journal of Alternative and Complementary Medicine* 2005; 11(6): 965-971. doi: 10.1089/acm.2005.11.965
- American Institute of Stress. Science and human transformation: Subtle energies, intentionality and consciousness. *Health and Stress* 1997; 8: 8.
- Benor DJ. Believe it and you'll be it: Visualization in psychic healing. *Psi Research* 1985; 4(1): 22-48.
- Braud WG. Distant mental influence of rate of hemolysis of human red blood cells. *Journal of the American Society for Psychical Research* 1990; 84(1): 1-24.
- Dossey L. The forces of healing: Reflections on energy, consciousness, and the beef stroganoff principle. *Alternative Therapies* 1997; 3(5): 8-14.
- Enby E. Hidden Killers: The Revolutionary Medical Discoveries of Professor Guenther Enderlein. Saratoga, CA: Sheehan Communications, 1990.
- Jonas WB and Crawford CC. Healing, Intention and Energy Medicine: Science, research methods and clinical implications. London: Churchill Livingstone, 2003.
- Krippner S and Achterberg J. Anomalous healing experiences. In E. Cardena, S. J. Lynn, & S. Krippner (Eds), *The varieties of anomalous experience: Examining the scientific evidence* (pp. 353-395). Washington, DC: American Psychological Association, 2002.
- Lucchetti G, de Oliveira RF, de Bernardin Goncalves JP, Ueda SMY, Mimica LMJ and Lucchetti A. L. G. Effect of Spiritist "passé" (Spiritual healing) on growth of bacterial cultures. *Complementary Therapies in Medicine* 2013; 21(6): 627-632. doi: 10.1016/j.ctim.2013.08.012
- Moss D. The circle of the soul: The role of spirituality in health care. *Applied Psychophysiology and Biofeedback* 2002; 27(4): 283-297.
- Schmidt S. Mindfulness and healing intention: Concepts, practice, and research evaluation. *The Journal of Alternative and Complementary Medicine* 2004; 10(1): 7-14.
- Sidorov L. On the possible mechanism of intent in paranormal phenomena. *The Journal of Theoretics* 2001; <http://www.journaloftheoretics.com/Links/Papers/INTEN T.pdf>; *Journal of Nonlocality and Remote Mental Interactions I* [1] www.emergentmind.org/sidorov_II.htm
- Tiller WA. Science and Human Transformation: Subtle Energies, Intentionality and Consciousness. Walnut Creek, CA: Pavior, 1997.



Appendix A: Instructions to Participant

This packet includes Participant Questionnaire #1 and several sheets of blank paper. You are encouraged to use the blank paper to make personal notations regarding your impressions during the live cell analysis.

Please complete Questionnaire #1 at this time.

After noting your responses, please fold the questionnaire to the rear of the packet, revealing a blank page.

The darkfield practitioner will commence the live cell analysis. If, at any time, you wish to stop the procedures, please feel free to speak up. The procedures will be stopped immediately. There will be no repercussions.

Baseline: First, select one of the bottles labeled “neutral” and hold it in your hand of choice for one minute. Blood samples will be collected by pin pricks to your fingertips for a baseline reading. If you wish to do so, you will be allowed to view the blood specimens on the computer monitor at this time. During this phase, you may ask a few brief questions of the practitioner.

After the baseline samples have been satisfactorily obtained, the intervention phase will commence. The practitioner will ensure that he is the only person privy to viewing the monitor during this phase. Talking should be kept to a minimum for the remainder of the live cell procedures. The practitioner will not divulge his findings during this phase. You may stop the procedures at any time should you feel the need. If you require more time between the two interventions, please feel free to speak up. During the time the practitioner is preparing and observing the blood specimens, please note your impressions on the blank paper provided. Please place the glass vial in the bag labeled “neutral.”

Intervention Phase: The practitioner will advise when to randomly select one of the foil-wrapped vials. Remove the aluminum wrapping from the selected bottle and hold the vial in your hand of choice for one minute. The practitioner will assist with the timing. After one minute has elapsed, blood specimens will be obtained from your fingertips for slide preparation. Only the practitioner will be permitted to view the monitor during this phase of the procedure. Please note your impressions while holding this vial. Place the vial in the bag labeled “1.”

Select a new bottle labeled “neutral.” Hold the neutral solution for one minute in your hand of choice, then place the bottle in the bag labeled “neutral.”

Unwrap the second foil-wrapped bottle and hold it in your hand of choice for one minute. After blood samples are obtained, please document your impressions. Place the vial in the bag labeled “#2.”

Select another bottle labeled “neutral.” Hold it in your hand of choice for one minute, then place it in the bag labeled “neutral.”

When the live cell analysis is concluded, you will be asked to complete a second questionnaire. After the questionnaire is completed, the researcher will conduct a brief interview with you and then the results of the study will be revealed. Your participation in this study is much appreciated. Thank you for volunteering!

Appendix B: Participant Questionnaire #1

1. On a scale of 1 to 10, if 1 = feeling very calm and 10 = feeling very anxious, how would you rate your current emotional state at this time?
2. Do you believe that intention plays a role in the healing process? If so, how?
3. Do you feel this research study is credible? Why?
4. Why did you volunteer for this study?
5. How do you feel about pin pricks to obtain blood specimens?

Appendix C: Participant Questionnaire #2

1. On a scale of 1 to 10, if 1 = feeling very calm and 10 = feeling very anxious, how would you rate your current emotional state at this time?
2. Did you feel comfortable with the manner in which the study was conducted?
3. Was the live cell practitioner professional and gentle when obtaining blood specimens from your fingertips?
4. Were your fingertips cleansed with alcohol by the practitioner and bandaged at the conclusion of the study?
5. What is your overall impression of the practitioner?
6. How do you feel about your interaction with him during the live cell analysis?

Appendix D: Research Protocol (For practitioner and participant)

RESEARCH PROTOCOL

NOTE: PARTICIPANT IS FREE TO STOP THE PROCEDURES AT ANY TIME

Please keep talking to a minimum. Questions may be asked during baseline only.

Participant: Please complete Appendix A. (Questionnaire #1).

Baseline: Participant will select a vial labeled “neutral” and will hold it in her hand of choice for one minute.

Blood samples will be obtained and slides will be prepared. Participant will be allowed to view baseline specimens. Practitioner will make notes of observations.

Vial will then be placed by participant in bag labeled “neutral.”

Practitioner will adjust computer monitor such that participant cannot view any additional slides.

First Intervention: Participant will select one of the foil-wrapped vials and will unwrap it. Cap may be removed, if desired. Participant will hold the bottle in hand of choice for one minute.

Blood specimens will be obtained and slides will be prepared and observed by practitioner.

Practitioner and participant will make personal notes.

Vial will be placed by participant into bag labeled “1.”

Neutral: Participant will then select a vial labeled “neutral” and will hold it for one minute. Vial will then be placed in bag labeled “neutral.”

Second Intervention: Participant will select the remaining foil-wrapped vial and will unwrap it. Cap may be removed, if desired. Participant will hold the vial in hand of choice for one minute.

Blood specimens will be obtained and slides will be prepared and observed by practitioner.

Practitioner and participant will compose personal notes.

Vial will be placed in bag labeled "2."

Neutral: Participant will select a vial labeled "neutral" and will hold it for one minute. Vial will be placed in bag labeled "neutral."

THIS CONCLUDES THIS PHASE OF THE STUDY. THANK YOU.

Appendix E: Interview Questions for Participant (Post-Experiment)

1. How are your fingertips? Do you feel that the pinpricked areas have been sufficiently cleansed and bandaged?
2. During the intervention phase of the experiment, were you aware of any impressions regarding the contents of the vials? If so, what were your impressions?
3. What would you like to share about your involvement in this research experience?
4. How do you feel that this research study might have been improved?

Appendix F: Interview Questions for Practitioner (Post-Experiment)

1. What is your overall impression of this experiment?
2. During the intervention phase of the experiment, were you aware of any impressions regarding the contents of the vials? If so, what were your impressions?
3. What is your impression of the participant?
4. How do you feel that this research study might have been improved?