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## A Novel Approach to Broadcast Intention for Depression and Anxiety

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### Abstract

#### Introduction:

This study evaluates the potential for a specifically targeted, continuous intention broadcast over a defined period to impact depression and anxiety.

#### Purpose:

The objective of this study is to measure the impact of a targeted intention broadcast from an imprinted Intention Host Device (IHD) on stress, anxiety and depression in a normal adult population.

#### Method:

A total of 182 adult subjects participated in a Phase I (3-month) randomized double-blind trial. The intervention group (n=93) received a broadcasted intention designed to support reduction of stress, anxiety, and depression. Controls (n=89) received no intervention. All participants completed baseline and post-test measures on the State-Trait Anxiety Inventory for Adults and the Zung Self Rating Scale for Depression. Subjects who completed Phase I were invited to re-enroll into the Phase II (8-month) intervention to assess changes across time. Phase I post tests were used as the beginning score for Phase II.

#### Results:

Results were compared using a mixed analysis of variance with one between groups and one within groups factor on the pre-and post-test scores. The results for Phase I showed no significance between groups in depression (P=0.419) or the trait anxiety (P=0.441) and near-to-significant reduction of state anxiety for the intervention group at the  $p \leq 0.089$  level of significance. The control group showed no significant reduction. The analysis of the post-

intervention Phase I scores to the post intervention Phase II scores showed a significant reduction with state anxiety ( $p \leq 0.001$ ), trait anxiety ( $p \leq 0.001$ ) and depression ( $p \leq 0.003$ ).

### **Conclusion:**

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

### **Introduction**

The state of American health, even as we recover from Covid-19, continues to decline, and the healthcare system is in crisis (Madara, 2020). Healthcare in the United States is dysfunctional, costly, and a burden that threatened the economic health of our society (Chopra et al., 2016). We are now emerging into a new healthcare reality (Glinska, 2020). A new approach, therefore, is needed if we are to systemically and effectively improve health while decreasing system costs, a goal first identified 13 years ago (Berwick et al., 2008). Depression, anxiety, and stress are debilitating problems that carry major public health significance (Vahratian et al., 2021). To minimize the high prevalence of depression, stress, and anxiety, early interventions for people at risk are warranted (Kay-Lambkin et al., 2021; Cuijpers et al., 2008). According to the National Institute of Mental Health (NIMH), depression affected approximately 17.8 million adults aged 18 or older in the United States in 2017, or 7.8% of all U.S. adults. The NIMH also cites anxiety disorders as one of the most common mental health disorders in the U.S., affecting 19.1% of the population. As we emerge from the pandemic, the growing number of people affected (Gatien, 2021; Kelly, 2020) makes it important to develop well-targeted and cost-effective risk-reduction strategies (McLaughlin 2011). In this study, we consider the impact of a novel kind of intervention, broadcast intention, on depression and anxiety in a normal adult population.

Intention, as a broad scale and specifically targeted intervention, has been studied in a wide variety of evolving frameworks, experimental designs and case reports (Radin et al., 2015; Roe et al., 2015; Schmidt 2012; Leder 2005; Astin et al., 2000). Intention focused on healing directed from a distance in a medical context has been defined by Schlitz, et al., (2003) as:

- The intentions of one person can interact with the physiological, psychological, and behavioral status of one or more living systems.
- Distant Healing Intention (DHI) is a subset of a broader class of controversial phenomena suggesting the existence of direct mind-matter interactions.

We are proposing a model for intervention utilizing broadcast intention based on William Tiller's psychoenergetic science involving human consciousness, energy and human intention (Tiller & Dibble, 2009). This model utilizes an Intention Host Device (IHD), imprinted with a specific intention to introduce information into the consciousness of a specific target. The authors refer to this type of intervention as "Information Medicine" (Tiller & Dibble, 2009). In this study, information medicine, based on psychoenergetic science involving human consciousness, energy, and human intention, is shown to be capable of positively affecting stress, depression and anxiety in a normal population.

The model developed by Tiller (1997) is primarily an energy model, as opposed to a consciousness model, and is based on quantum physics principles. The model describes a multidimensional theory that includes mechanisms for the impact of intention and consciousness on physical reality. Tiller’s working hypothesis revolves around the belief that humans are primarily souls having a physical experience through the perception of a ten-dimensional domain of mind. Tiller (1997) calls this perceptual mechanism of mind the “simulator,” through which we experience life, and likens the simulator mechanism to a giant screen:

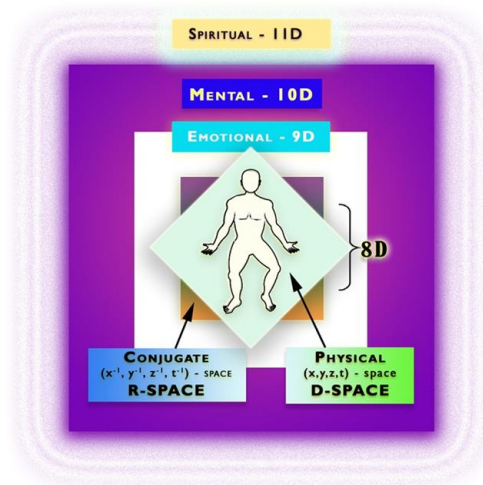
“... analogous to a huge 10-D interactive television set wherein signals enter the set from the next higher dimension to set the grand panorama in motion and we, the dancing figures on the screen, interact with the flow of the drama and thus modify the input signals to the set via our thoughts, attitudes and actions and these, in turn, alter the details of the play. Our concerns about physics deal with the various laws governing the interactions of the objects in the set with each other and with the basic machinery of the set. Our concerns about personal health and about medicine relate to the maintenance of the simulator at various levels of substance.”

**The Tiller Model of Intention**

The simulator is composed of various physical and etheric (physical conjugate, acting as if it is joined with the physical) frames of reference, all imbedded in each other and communicating energetically with each other to varying degrees (Tiller 1997). This communication is enhanced by the presence of deltrons, a “coupling substance” which facilitates the transfer of information from the etheric (conjugate) levels to the physical level (See Figure 1). The practice of inner self management techniques, such as meditation, yoga, and biofeedback, activates and increases deltrons activity, facilitating greater communication between physical reality and the etheric layers (Tiller 1997).

**Figure 1: Higher Dimensional Framework**

*Biconformal base-space (8D) expresses “physical reality” embedded in higher dimensional domain of reality.*



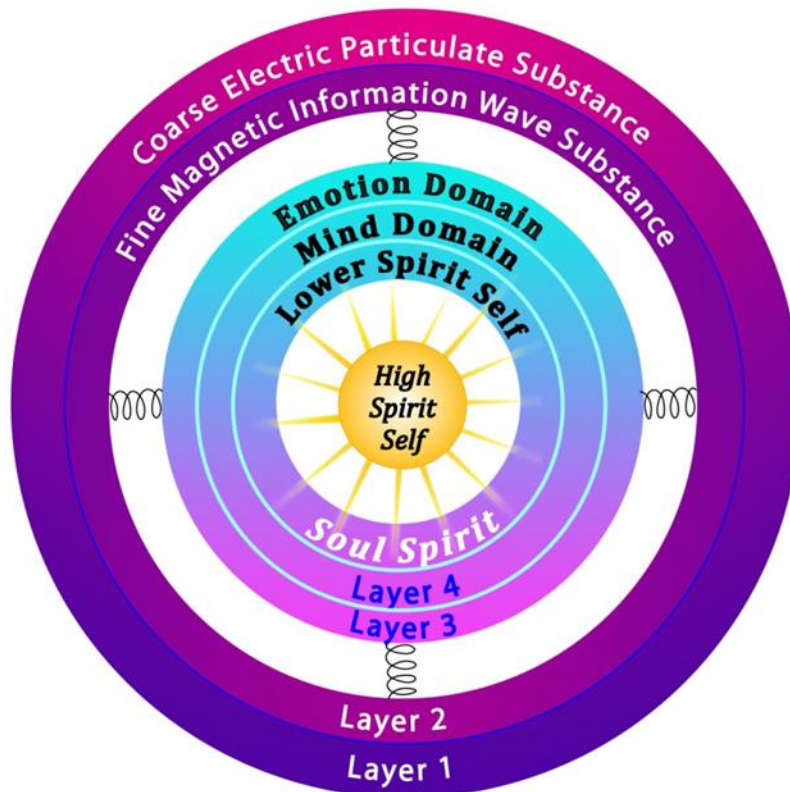
The physical and the etheric 4-space frames have a special "mirror"-type relationship to each other. The physical "direct" space is referred to as D-space, and the etheric "reciprocal" space is referred to as R-space. In D-space, the physical, electric matter of positive mass travels at velocities slower than the speed of light. In R-space, the etheric, matter of negative mass travels at velocities faster than the speed of light. The interaction between the D-space matter and the R-space matter is what we presently call quantum mechanics (Tiller, 2009).

### The Biobody Suit

Individually, the model proposes that we are all functioning in a "Biobody Suit", composed of four layers, all of which have unique infrastructures and are made up of different substances (Tiller et al., 2001). The outer two layers constitute temporal physical reality, while the middle layers are non-temporal and could be called the spirit or soul. The infrastructure of the layers and the amount of deltrons to facilitate the communication or coupling between layers largely determine the state of the wellness of the whole person (see Figure 2).

### Figure 2: The Biobody Suit Metaphor

*Each layer has a unique substance and infrastructure, with the outer two layers constituting temporal physical reality and the middle shell non-temporal and could be called the soul. The layer's infrastructure and the coupling between layers largely determines the state of wellness of the whole person.*



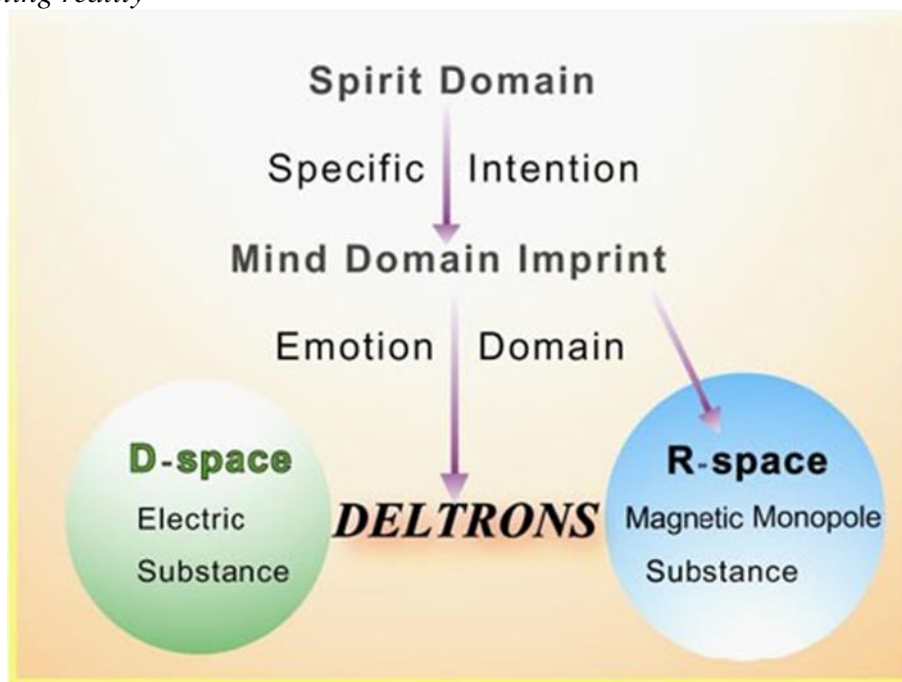
Tiller (2009) used the metaphor of a diving bell to describe the multilayered suit, like an apparatus that our spirit self uses to sense and experience our environment. These inner layer substances function in what we presently call the vacuum, or the space between particles described in physics. The more structurally organized these layers are, the more of our high spirit self that can inhabit and communicate through the biobodysuit. The model assumes that the four fundamental forces of present-day science (gravity, electromagnetism, short range and long range nuclear forces) all function in layer one and somewhat in layer two of the biobodysuit, and what we currently refer to as subtle energies all function somewhat in layer two and in the inner three layers of the vacuum (Tiller et al., 2001).

### Proposed Mechanism of Action

Based on the Tiller (2009) model of the simulator and the biobodysuit, the mechanism for the action of intention in physical reality is that intention, from the level of spirit, is communicated as a detailed energetic information pattern that imprints on the domain of mind. The domain of mind then imprints this detailed energetic information pattern (intention) onto the R-space domain. This energetic information pattern (intention) is transmitted via the deltron substance onto the D-space domain. These energetic information patterns from R-space/D-space then connect with the mechanisms of the physical body to materialize the intention in physical reality (see Figure 3).

### Figure 3: Proposed Mechanism of Action for Intention

*Intention moves from the level of spirit and is communicated via the deltron substance to D-space, impacting reality*



Each time the energetic information pattern (intention) is imprinted from domain to domain, it is decreased slightly in resolution from the original intention. The level of deltron activation also impacts the degree to which the original intention is communicated (Tiller, 2009). This mechanism of action functions both ways, in that an intention can be processed from the

level of spirit down to physical reality, and also from the level of physical reality to the level of spirit (Tiller, 2009). Intentions from the level of physical reality moving up to the level of spirit cannot move back through the domains to materialize in physical reality if the intention is not consistent with the overall intention of spirit (Personal communication, W. Tiller, June 22, 2002).

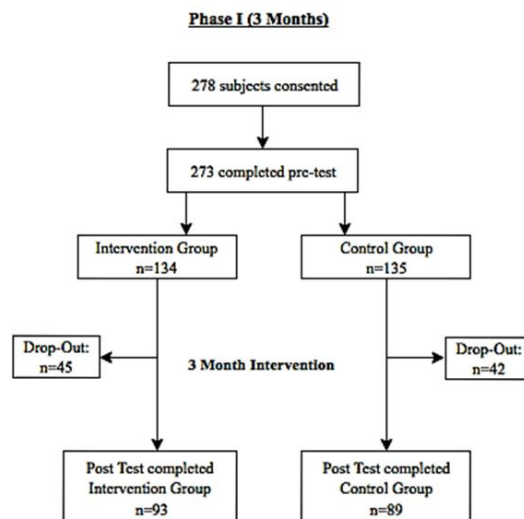
This study evaluates the potential for an intention to be communicated as a detailed energetic information pattern that connects with the mechanisms of the physical body to materialize the intention in physical reality. The information is delivered via an intention to decrease stress, anxiety and depression which is broadcast continuously for a defined period. Results in a normal population are measured and compared to baseline.

### Materials and Methods

This study was approved by the Institutional Review Board at Holos University Graduate Seminary. Research consent was obtained for all subjects. Phase I was double blind, and Phase II, intervention only for defined period. Volunteer adult subjects were offered the opportunity to participate, with 182 completing the State Trait Anxiety Inventory for Adults (STAI-AD) and the Zung Self Depression Scale (Zung SDS) at baseline and three months in Phase I (See Figure 4). Phase II was completed by 98 subjects recruited from Phase I (See Figure 5). Subjects in Phase I were randomly assigned to either the intervention group or control group, while Phase II subjects all received the intervention.

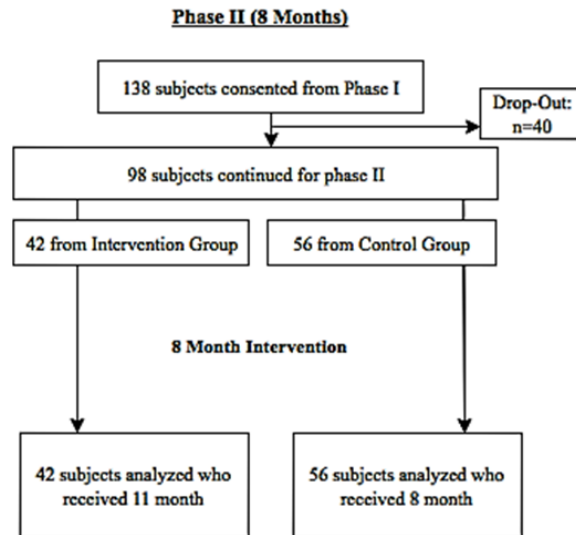
#### Figure 4: Phase I Subjects

*Phase I subjects were recruited from the Complementary and Alternative Medicine (CAM) practices of three healthcare providers (Cedar Rapids, IA, Mount Vernon, IA and Greenville, PA) and one CAM modality education class (Guelph, Canada).*



## Figure 5: Phase II Subjects

*Phase II subjects were recruited from the Phase I study only. Phase I post-test scores were utilized as the beginning point of Phase II. For Phase I control group subjects, this was the first intervention broadcast, and for Phase I intervention subject, this was a continuation of their previous broadcast. All subjects received the intervention to assess the impact over time.*



The intervention consisted of an IHD imprinted with the intention placed near a password protected computer in a locked space in Lawrence, KS (Phase I) and Springfield, MO. (Phase II) continuously scrolling the intention along with names and addresses of subjects. The control group names and addresses without intention and without an IHD nearby were scrolled continuously on a password protected computer in Cedar Rapids, IA. Each IHD consists of a physical case, measuring 7 inches by 3 inches by 1 inch, that houses the electronics. The electric circuits consist of an Electrically Erasable Programmable Read Only Memory component (not conventionally connected to the circuit), an oscillator component (1-10 MHz range), a few diodes, resistors, capacitors, and a battery power supply. The radiated electrical power of this device is less than 1 microwatt per second. The device is placed 3-6 inches from the computer which had names of the subjects scrolling continuously. At present, there is no known risk associated with the usage of the device.

The IHD was imprinted by four experienced meditators with an intention for improved health, decreased anxiety and decreased depression. The results were measured using the self-report measures State-Trait Anxiety Inventory for Adults (STAI-AD) (Spielberger 1983) and the Zung Self-Rating Depression Scale (Zung SDS) (Zung 1965). The STAI-AD differentiates between the temporary condition of “state anxiety” (Y-1) and the more general and long-standing condition of “trait anxiety” (Y-2). The two separate self-report scales consist of twenty questions each that evaluate how participants feel right now (state anxiety), and how they feel in general (trait anxiety). The Zung SDS is a widely used adult depression screening instrument, and consists of 20 items that rate affective, somatic, and psychological symptoms of depression (Biggs et al., 1978).

## Results

Results were analyzed by comparing differences between the control and intervention group in Phase I as well as pre-and post-test differences in Phase I and II. Results were compared using a mixed analysis of variance with one between groups and one within groups factor on the pre-and post-test scores on the STAI-AD Y-1/ Y-2 and the Zung SDS. A 2X2 Mixed ANOVA analysis was performed on all three measures (Zung SDS, STAI-AD Y-1 and STAI-AD Y-2).

### Phase I

The control and intervention groups were not significantly different at the pre-test. A near-to-significant result occurred in Phase 1 between the groups on the STAI-AD Y-1  $p=0.089$ ; however, the STAI-AD Y-2 and the Zung SDS were not significant at  $p\leq 0.599$  and  $p\leq 0.490$  respectively (Table 1).

**Table 1 Phase I Between Group Results**

	Between Groups		
	STAI-AD Y-1	STAI-AD Y-2	Zung
Phase 1	.089	.599	.490

State anxiety is the only measure that approached significance when the change in the control group is compared to the change in the intervention group. The change over time within the intervention group from the pre-test to the post-test was significant on all three measures (Table 2).

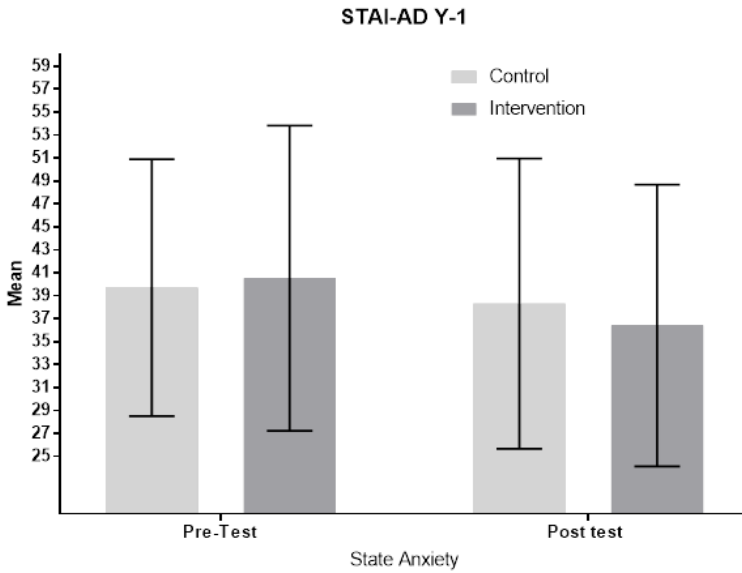
**Table 2 Phase I Within Group**

	Tests within Subjects Pre to Post-test		
	STAI-AD Y-1	STAI-AD Y-2	Zung
Phase I	.001	.000	.009



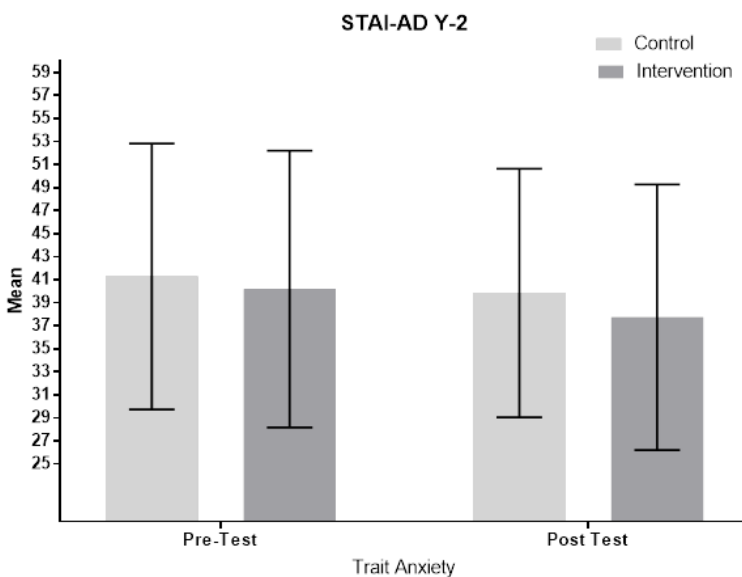
The control and intervention groups each showed a reduction in their STAI Y-1 scores. The reduction was not statistically significant for the control group. The intervention group did have a statistically significant result,  $p < .001$ . (Figure 6):

**Figure 6: Phase I Control Versus Intervention Group Mixed Analysis of Variance STAI-AD Y-1**

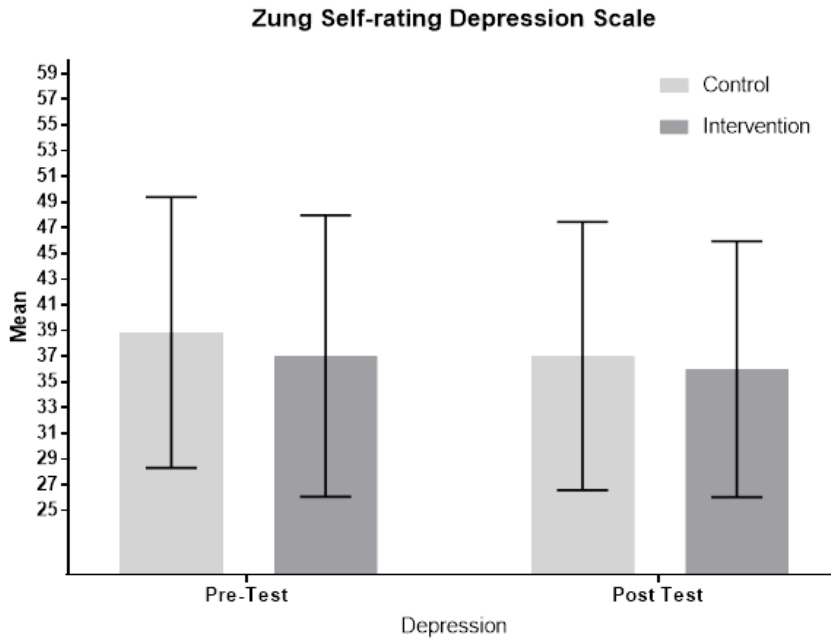


The control and intervention groups each showed a reduction in their STAI Y-2 scores. The reduction was not statistically significant for the control group. The intervention group did have a statistically significant result,  $p < .001$ .

**Figure 7: Phase 1 Mixed Analysis of Variance STAI-AD Y-2.**



The change in Zung SDS from pre-test to post-test is significant at  $p \leq 0.009$  (Figure 8):



The control group showed a slightly greater decrease in the post-test score, though this difference between the groups is not statistically significant at  $p \leq 0.466$ .

## Phase II

Phase II evaluated the effect of the broadcast healing intention intervention over a further eight months. In Phase II, 42 of the 98 subjects were part of the Phase I intervention group. These subjects received a total of 11 months of intervention. The Phase I control group (56 subjects) received 8 months of intervention in Phase II.

The post-test from Phase I was used as the pre-test for this intervention period and is an interim point between intervention periods for those participants who were in the Phase I intervention group. For Phase II, using the Phase I post-test as a pre-test allowed us to compare the three-month intervention results to the eight-month intervention results. The 2X2 Mixed ANOVA analysis was conducted on the STAI-AD Y1, STAI-AD Y2 and the Zung SDS (Table 3). The change between Phase I and Phase II was not significant on any of the measures.

**Table 3: Phase II Between Group Results**

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Between Groups

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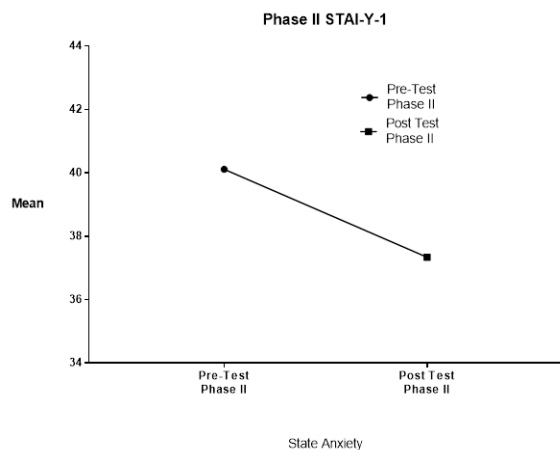
	STAI-AD Y-1	STAI-AD Y-2	Zung
Phase I/II	.466	.556	.788
Phase II (8 mo. /11 mo.)	.710	.599	.490

Phase II subjects were analyzed as a group, as there is no significant difference between the groups. The change over time from the pre-test to the post-test was significant on all three measures (Table 4).

**Table 4: Results for Phase II**

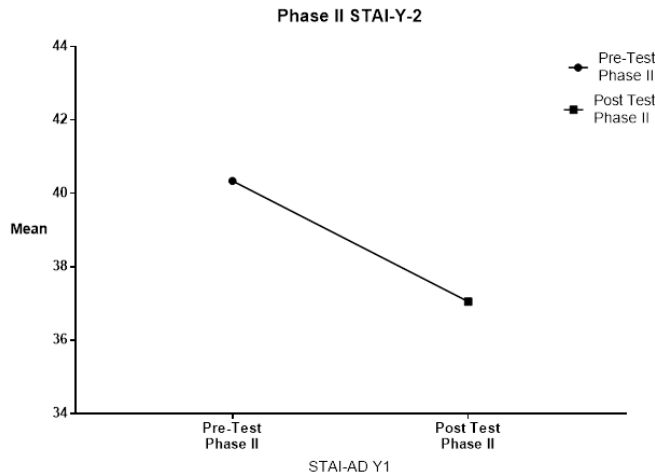
Tests within Subjects Pre to Post-test			
	STAI-AD Y-1	STAI-AD Y-2	Zung
Phase II	.001	.000	.003

**Figure 9: Multiple Group Mixed Analysis of Variance Plot Graph: STAI-AD Y-**



The STAI-AD Y-2 yielded similar results (Figure 10):

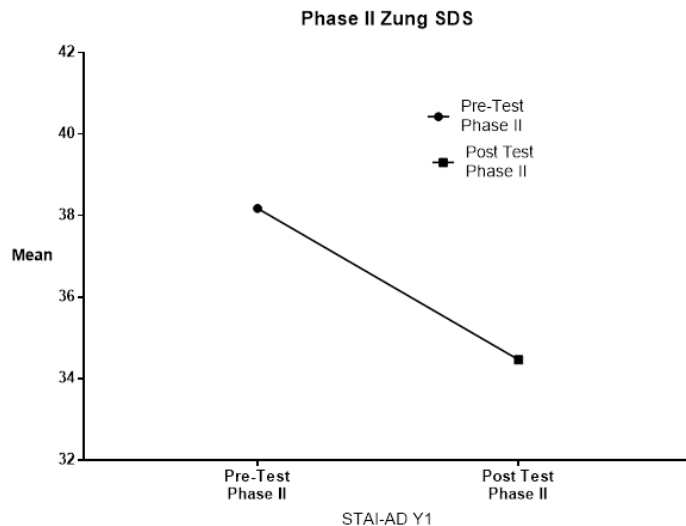
**Figure 10: Multiple Group Mixed Analysis of Variance Plot Graph STAI-AD Y-2.**



The difference in the pre-test score and the post-test score on the state anxiety measure, STAI Y-2 for the groups is significant,  $p < 0.001$ .

We see the same pattern of results repeated for the Zung. The differences between the groups are not significant, while difference in the pre-test score and the post-test score on the Zung depression measure, is significant,  $p = < 0.001$  (Figure 11).

**Figure 11: Multiple Group Mixed Analysis of Variance Plot Graph Zung SDS.**



At eight months of intervention, the decrease in state anxiety, trait anxiety and depression was significant.

## Discussion

This study brings us information about the efficacy of consistently broadcast intention as well as the time necessary for a change to take place. It also addresses the question of whether distance between healing intention and the recipient is an impacting factor. In addition, we did not gather information about the conscious participation by subjects. Although subjects were blinded, and not required to do anything consciously, we cannot say that none of the subjects did consciously participate. The device broadcasts at the same frequency continually, providing a level of consistency previously not available in human healer broadcast intention research.

This research raises many questions about how intention, or energy, can travel over distances, to a specific person, residing at a specific location, and make an impact that is in concert spiritually with that person. The model of intention explains the mechanism as one that primarily utilizes a frequency of thought that is broadcast via reciprocal space-time (R-space) and the conjugate via ground, similar to the way an electromagnetic radio wave is broadcast through air. The names and addresses of the people who participated in the study may have acted as a locator for the frequency that carried the intention. The frequency is assumed to impact the subject's energy field just like any other frequency (radio, microwave, cell phone) in their environment. It is possible that when the range of frequency impacts the energy field over a period of time, and the intention is in harmony with their purpose in this life, the intention carried in the frequency may shift the energy field toward decreases in anxiety and depression. Longitudinal studies are needed to fully assess the potential impact on health.

This research showed that after Phase I, scores between the control and intervention groups on the STAI-AD and Zung SDS were not significantly decreased. In Phase II, scores on the STAI-AD and Zung SDS were statistically significantly reduced from the pre-test to the post test. In physics, to make a transition to a higher order, a system must be perturbed (Fermi 1956). If energy is introduced to matter, the normal disintegration process of the second law of thermodynamics is altered, and matter takes on a higher state of organization (Prigogine 1984). According to Tiller's theory, in this study, the intention was introduced into the energy field of the subjects, causing perturbation, which may have manifested as little change in scores in Phase I.

In Phase II, while the duration of the study period was substantially longer, and the change in levels of depression and anxiety could have been accounted for by multiple variables, such as increase in daylight, change of diet, change in activity levels, it is also possible that the systems may have reorganized to a higher order of functioning, manifesting possibly as less anxiety and depression. This study provides us with information about the time frame for achieving an impact with a broadcast intention from an IHD. In previous studies on distant healing and intention, the period that the healing intention was sent (5 minutes, 30 minutes, etc.) and the interval of sending the intention (daily, weekly, etc.) varied so that we are unable to discern from other current research a standard time or interval required to have a positive impact.

This study demonstrated that an IHD broadcast intention may be a factor that may have a positive impact on decreasing anxiety and depression after 3-8 months of broadcast intention. One aspect that was not evaluated was the degree to which the intention was in concert with each individual's own spirit. In the model, an intention that is not in harmony with the person's soul

or spirit cannot impact the person's physical reality. Each of the intentions contained the phrase "reduce unnecessary stress precursors." This study did not evaluate those stress precursors that may or may not be in concert with the soul's purpose for this lifetime, and that may have had an impact on the robustness of the results. It is unknown if the intentions utilized were in harmony or not with the subjects' spirits; however, the significance of the results would suggest that for at least some of them, they were. There is no known way currently to measure this with any reliability, though in the future this variable will need to be considered.

## **Conclusion**

The results suggest that over time, an intention broadcast to adult subjects may have a positive impact on anxiety and depression in a normal population. Additional research evaluating the impact of intention broadcast from an IHD is needed to evaluate the potential for information medicine to make an impact on improving the health related to a defined population. Additional research is needed to evaluate the potential for broadcast intention to make an impact on improving health.

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Dr. Reed has nothing to disclose. No competing financial interests exist.

Dr. Thomlinson has nothing to disclose. No competing financial interests exist.

Dr. Harner has nothing to disclose. No competing financial interests exist.

Dr. Tiller has nothing to disclose. No competing financial interests exist.

## **References**

Any Anxiety Disorder (2017). *National Institute of Mental Health*. Retrieved June 17, 2021.

<https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder>

Astin, J. Harkness, E Ernst, E. (2000). The Efficacy of Distant Healing: A Systematic Review of Randomized Trials. *Ann Intern Med* 132(11):903-10. <https://doi.org/10.7326/0003-4819-132-11-200006060-00009>

Berwick DM, Nolan TW, Whittington J. The Triple Aim: Care, health, and cost. *Health Affairs* 2008 May/June;27(3):759-769.

Biggs, J., Wylie, L., & Ziegler, V. (1978). Validity of the Zung Self-rating Depression Scale. *British Journal of Psychiatry* 132(4), 381-385. <https://doi.org/10.1192/bjp.132.4.381>

Chopra, D, Blumenthal, D, Brenner, D, et al. (2016). A Hidden Solution to America's Health-Care Crisis. *HuffPost*. Retrieved June 17, 2021 from [http://www.huffingtonpost.com/deepak-chopra/a-hidden-solution-to-amer\\_b\\_7664564.html](http://www.huffingtonpost.com/deepak-chopra/a-hidden-solution-to-amer_b_7664564.html)

Cuijpers, P, van Straten, A, Smit, F, et al. (2008). Preventing the onset of depressive disorders: a meta-analytic review of psychological interventions. *American Journal of Psychiatry* 165(10), 1272-1280. <https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2008.07091422>

Fermi E. (1956). *Thermodynamics*. New York: Dover Publications, Inc.

Gatien, B. (2021). Americans' Stress Level Is At All-Time High Thanks to Pandemic. *Enviro Magazine*. Retrieved June 17, 2021 from <https://www.enviromagazine.com/americans-stress-level-is-at-all-time-high-thanks-to-pandemic/>

Glinska, G. (2020). Rethinking Us Health Care In A Post-Pandemic Future. *UVA Darden*. Retrieved June 17, 2021 from <https://ideas.Darden.virginia.edu/rethinking-us-healthcare-post-pandemic>

Kay-Lambkin F., Gilbert J., Pedemont L., Sunderland M., Dalton H. et al. (2018). Prevention and early intervention for people aged 18 and over with, or at risk of, mild to moderate depression and anxiety: An Evidence Check Rapid Review. *The Sax Institute*. Retrieved June 16, 2021 from [https://www.beyondblue.org.au/docs/default-source/policy-submissions/mild-moderate-depression-and-anxiety-in-adults\\_final-2.pdf?sfvrsn=d182bcea\\_6](https://www.beyondblue.org.au/docs/default-source/policy-submissions/mild-moderate-depression-and-anxiety-in-adults_final-2.pdf?sfvrsn=d182bcea_6)

Kelly, J. (2020). The Pandemic Has Caused An Increase In Anxiety, Stress, Depression And Suicides. *Forbes*. Retrieved June 17, 2021 from <https://www.forbes.com/sites/jackkelly/2020/08/18/the-pandemic-has-caused-an-increase-in-anxiety-stress-depression-and-suicides/?sh=1c3118825863>

Leder D. (2005). Spooky Actions at a Distance: Physics, Psi, and Distant Healing. *J Altern Complement Med* 11(5):923-30.

Madara, J. (2020). America's health care crisis is much deeper than COVID-19. *AMA*. Retrieved June 17, 2021 from <https://www.ama-assn.org/about/leadership/america-s-health-care-crisis-much-deeper-covid-19>

Major Depression (2019). *National Institute of Mental Health*. Retrieved June 17, 2021 from <https://www.nimh.nih.gov/health/statistics/major-depression>

McLaughlin, K. (2011). The Public Health Impact of Major Depression: A Call for Interdisciplinary Prevention Efforts. *Prev Sci* 12(4):361. <https://doi: 10.1007/s11121-011-0231-8>

Prigogine, I. Stengers, I. (1984). *Order Out of Chaos: Man's Dialogue with Nature*. New York: Bantam Books.

Radin D, Schlitz M, Baur C. (2015). Distant Healing Intention Therapies: An Overview of the Scientific Evidence. *Glob Adv Health Med*, 4(Suppl):67-71. <http://doi: 10.7453/gahmj.2015.012.suppl>

Roe CA, Sonnex C, Roxburgh E. (2015). Two Meta-analyses of Noncontact Healing Studies. *Explore (NY)*11(1):11-23. <https://doi: 10.1016/j.explore.2014.10.001>

Schlitz, M. Radin, D. Malle, B. Schmidt, S. Utts, J. & Yount, G. (2003). Distant healing intention: definitions and evolving guidelines for laboratory studies. *Alternative therapies in health and medicine*, 9(3 Suppl), A31–A43. Schlitz,

Schmidt S. (2012). Can We Help Just by Good Intentions? A Meta-analysis of Experiments on Distant Intention Effects. *J Altern Complement Med* 18(6):529-33. <https://doi:10.1089/acm.2011.0321>

Spielberger C. (1983). *State-Trait Anxiety Inventory for Adults Manual*. Redwood City, California: Mind Garden.

Tiller, W. (1997). *Science and Human Transformation: Subtle Energies, Intentionality and Consciousness*. Walnut Creek, California: Pavior Publishing.

Tiller, W. (2009) White Paper I: A Brief Introduction to Intention-Host Device Research. Retrieved May 15, 2016 from [https://24c66bd1-1de0-411e-b098-022364943bdd.filesusr.com/ugd/bbba2\\_edb57b2f82b942ff9de61c675f0b9af1.pdf?index=true](https://24c66bd1-1de0-411e-b098-022364943bdd.filesusr.com/ugd/bbba2_edb57b2f82b942ff9de61c675f0b9af1.pdf?index=true)

Tiller, W. (2009). White Paper IV: It is Time for a Consciousness-Inclusive Science. Retrieved June 16, 2016 from [https://24c66bd1-1de0-411e-b098-022364943bdd.filesusr.com/ugd/bbba2\\_7153ecd1e1114fe7a28155826c773931.pdf?index=true](https://24c66bd1-1de0-411e-b098-022364943bdd.filesusr.com/ugd/bbba2_7153ecd1e1114fe7a28155826c773931.pdf?index=true)

Tiller, W. (2012). White Paper XXII: Psychoenergetic Science as Applied to Information Medicine. Retrieved March 19, 2016 from [https://24c66bd1-1de0411eb098022364943bdd.filesusr.com/ugd/bbba2\\_64a7fc1a4b414c4a9319be28000331da.pdf?index=true](https://24c66bd1-1de0411eb098022364943bdd.filesusr.com/ugd/bbba2_64a7fc1a4b414c4a9319be28000331da.pdf?index=true) Paper XXII (filesusr.com)

Tiller, W. Dibble, W. (2009). White Paper VIII: What Is Information Entanglement and Why Is It So Important to Psychoenergetic Science? Retrieved July 8, 2021 from [https://24c66bd1-1de0-411eb098022364943bdd.filesusr.com/ugd/bbba2\\_5819295487ec40b5b3294d5c555e3d39.pdf?index=true](https://24c66bd1-1de0-411eb098022364943bdd.filesusr.com/ugd/bbba2_5819295487ec40b5b3294d5c555e3d39.pdf?index=true)

Tiller, W. Dibble, W. & Kohane, M. *Conscious Acts of Creation: The Emergence of a New Physics*. Walnut Creek, California: Pavior Publishing. 2001.

Vahratian, A. Blumberg, S. Terlizzi, E. Schiller, J. (2021). Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. *MMWR Morb Mortal Wkly Rep* 70:490–494. <http://dx.doi.org/10.15585/mmwr.mm7013e2external icon>

Zung, W. (1965). Self-rating Depression Scale. *Archives of General Psychiatry* 12, 63-70.

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